

<i>SERFF Tracking Number:</i>	<i>AMFA-125642094</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Ameritas Life Insurance Corp.</i>	<i>State Tracking Number:</i>	<i>38932</i>
<i>Company Tracking Number:</i>	<i>4003</i>		
<i>TOI:</i>	<i>L06I Individual Life - Variable</i>	<i>Sub-TOI:</i>	<i>L06I.002 Single Life - Flexible Premium</i>
<i>Product Name:</i>	<i>4003</i>		
<i>Project Name/Number:</i>	<i>4003/4003</i>		

## Filing at a Glance

Company: Ameritas Life Insurance Corp.

Product Name: 4003

TOI: L06I Individual Life - Variable

Sub-TOI: L06I.002 Single Life - Flexible  
Premium

Filing Type: Form

SERFF Tr Num: AMFA-125642094 State: ArkansasLH

SERFF Status: Closed

State Tr Num: 38932

Co Tr Num: 4003

State Status: Approved-Closed

Co Status:

Reviewer(s): Linda Bird

Authors: Cindy Meyer, Pat  
Peterson, Teri Tran

Disposition Date: 05/21/2008

Date Submitted: 05/09/2008

Disposition Status: Approved

Implementation Date Requested: 11/03/2008

Implementation Date:

State Filing Description:

## General Information

Project Name: 4003

Project Number: 4003

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Filing is being  
submitted concurrently to domiciliary state,  
Nebraska.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 05/21/2008

State Status Changed: 05/21/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

PLEASE NOTE – THESE FORMS ARE BEING SUBMITTED TO COMPLY WITH THE 2001 CSO TABLE REQUIREMENTS. IT IS IMPERATIVE THAT WE RECEIVE APPROVAL PRIOR TO JANUARY 1, 2009 IN ORDER TO HAVE VARIABLE PRODUCTS AVAILABLE TO THE MARKET COME JANUARY 1, 2009.

Enclosed for your review and approval is a new flexible premium variable universal life policy and related application

SERFF Tracking Number:	AMFA-125642094	State:	Arkansas
Filing Company:	Ameritas Life Insurance Corp.	State Tracking Number:	38932
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TOI:	L06I Individual Life - Variable	Sub-TOI:	L06I.002 Single Life - Flexible Premium
Product Name:	4003		
Project Name/Number:	4003/4003		

forms, riders and endorsements to be used with the product as outlined in Exhibit A. We have also included an Exhibit B which lists previously approved riders and/or endorsements that we request for use with this policy.

Policy 4003 - This policy is a flexible premium variable universal life policy. This product provides benefits payable on death or cash withdrawal. Issue ages are as follows:

Preferred Plus, Ages 18-75  
Preferred Non-Tobacco, Ages 18-80  
Select Non-Tobacco, Ages 18-80  
Standard Non-Tobacco, Ages 0-80  
Preferred Tobacco, Ages 18-80  
Standard Tobacco, Ages 18-80

This product can be offered on a unisex basis. There is an unrestricted market for which this product is intended. The policy will be marketed on an individual basis. There is no limitation on the use of this form by certain agents. The policy will be illustrated.

Since our printers use various fonts and layouts, we reserve the right to format the pages to conform to the printer's requirements. No change in language will occur, only a possible page break, or renumbering of a page. No part of this filing contains any unusual or possibly controversial items from normal company or industry standards.

These forms are a security subject to Federal jurisdiction and are therefore exempt from readability requirements.

## Company and Contact

### Filing Contact Information

Pat Peterson, Contract Analyst	ppeterson@ameritas.com
5900 O Street	(800) 745-1112 [Phone]
Lincoln, NE 68501-1889	(402) 467-7956[FAX]

### Filing Company Information

Ameritas Life Insurance Corp.	CoCode: 61301	State of Domicile: Nebraska
5900 O Street	Group Code: 943	Company Type:

SERFF Tracking Number: AMFA-125642094

State: Arkansas

Filing Company: Ameritas Life Insurance Corp.

State Tracking Number: 38932

Company Tracking Number: 4003

TOI: L06I Individual Life - Variable

Sub-TOI: L06I.002 Single Life - Flexible Premium

Product Name: 4003

Project Name/Number: 4003/4003

P O Box 81889

Lincoln, NE 68501-1889

(800) 756-1112 ext. [Phone]

Group Name:

State ID Number:

FEIN Number: 47-0098400

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SERFF Tracking Number:	AMFA-125642094	State:	Arkansas
Filing Company:	Ameritas Life Insurance Corp.	State Tracking Number:	38932
Company Tracking Number:	4003		
TOI:	L06I Individual Life - Variable	Sub-TOI:	L06I.002 Single Life - Flexible Premium
Product Name:	4003		
Project Name/Number:	4003/4003		

## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	One policy and associated forms.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Ameritas Life Insurance Corp.	\$50.00	05/09/2008	20225592

SERFF Tracking Number: AMFA-125642094

State: Arkansas

Filing Company: Ameritas Life Insurance Corp.

State Tracking Number: 38932

Company Tracking Number: 4003

TOI: L06I Individual Life - Variable

Sub-TOI: L06I.002 Single Life - Flexible Premium

Product Name: 4003

Project Name/Number: 4003/4003

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	05/21/2008	05/21/2008

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Linda Bird	05/19/2008	05/19/2008	Cindy Meyer	05/19/2008	05/19/2008
Industry						
Response						

### Amendments

Item	Schedule	Created By	Created On	Date Submitted
Exhibits for Forms	Supporting Document	Cindy Meyer	05/19/2008	05/19/2008
Statement of Variability	Supporting Document	Cindy Meyer	05/10/2008	05/10/2008
Exhibits for Forms	Supporting Document	Cindy Meyer	05/09/2008	05/09/2008

*SERFF Tracking Number:*      *AMFA-125642094*

*State:*      *Arkansas*

*Filing Company:*      *Ameritas Life Insurance Corp.*

*State Tracking Number:*      *38932*

*Company Tracking Number:*      *4003*

*TOI:*      *L06I Individual Life - Variable*

*Sub-TOI:*      *L06I.002 Single Life - Flexible Premium*

*Product Name:*      *4003*

*Project Name/Number:*      *4003/4003*

## **Disposition**

Disposition Date: 05/21/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	AMFA-125642094	State:	Arkansas
Filing Company:	Ameritas Life Insurance Corp.	State Tracking Number:	38932
Company Tracking Number:	4003		
TOI:	L061 Individual Life - Variable	Sub-TOI:	L061.002 Single Life - Flexible Premium
Product Name:	4003		
Project Name/Number:	4003/4003		

Item Type	Item Name	Item Status	Public Access
Supporting Document (revised)	Certification/Notice		Yes
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document (revised)	Exhibits for Forms		Yes
Supporting Document	Exhibits for Forms		Yes
Supporting Document	Exhibits for Forms		Yes
Supporting Document	Statement of Variability		Yes
Form	Flexible Premium Variable Universal Life Insurance Policy		Yes
Form	Allocation of Premium Page		Yes
Form	Policy Details Page		Yes
Form	Accounting Benefit Rider		Yes
Form	Guaranteed Insurability Rider		Yes
Form	Scheduled Increase Rider		Yes
Form	Supplemental Coverage Rider		Yes
Form	Waiver of Monthly Deductions Rider		Yes
Form	Pension Amendment Endorsement		Yes
Form	Aviation Exclusion Endorsement - Civil		Yes
Form	Aviation Exclusion Endorsement - Military		Yes
Form	Racing Exclusion Endorsement		Yes

SERFF Tracking Number: AMFA-125642094 State: Arkansas  
Filing Company: Ameritas Life Insurance Corp. State Tracking Number: 38932  
Company Tracking Number: 4003  
TOI: L06I Individual Life - Variable Sub-TOI: L06I.002 Single Life - Flexible Premium  
Product Name: 4003  
Project Name/Number: 4003/4003

## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 05/19/2008  
Submitted Date 05/19/2008

Respond By Date

Dear Pat Peterson,

This will acknowledge receipt of the captioned filing.

### Objection 1

- Certification/Notice (Supporting Document)

Comment: Filings of variable contracts must be accompanied by a certification that Regulation 33, in particular Articles, IV, VII, IX and XI, has been reviewed and that the company is in compliance.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 05/19/2008  
Submitted Date 05/19/2008

Dear Linda Bird,

### Comments:

### Response 1

Comments: Attached is the required certification for compliance with Regulation 33.

### Related Objection 1

Applies To:

- Certification/Notice (Supporting Document)

Comment:

Filings of variable contracts must be accompanied by a certification that Regulation 33, in particular Articles, IV, VII, IX and XI, has been reviewed and that the company is in compliance.



*SERFF Tracking Number:*      *AMFA-125642094*

*State:*      *Arkansas*

*Filing Company:*      *Ameritas Life Insurance Corp.*

*State Tracking Number:*      *38932*

*Company Tracking Number:*      *4003*

*TOI:*      *L06I Individual Life - Variable*

*Sub-TOI:*      *L06I.002 Single Life - Flexible Premium*

*Product Name:*      *4003*

*Project Name/Number:*      *4003/4003*

**Changed Items:**

**Supporting Document Schedule Item Changes**

Satisfied -Name: Certification/Notice

Comment: Certifications for compliance with Regulation 19, 33 and 34.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

Cindy Meyer, Pat Peterson, Teri Tran

<i>SERFF Tracking Number:</i>	<i>AMFA-125642094</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Ameritas Life Insurance Corp.</i>	<i>State Tracking Number:</i>	<i>38932</i>
<i>Company Tracking Number:</i>	<i>4003</i>		
<i>TOI:</i>	<i>L06I Individual Life - Variable</i>	<i>Sub-TOI:</i>	<i>L06I.002 Single Life - Flexible Premium</i>
<i>Product Name:</i>	<i>4003</i>		
<i>Project Name/Number:</i>	<i>4003/4003</i>		

**Amendment Letter**

Amendment Date:

Submitted Date: 05/19/2008

**Comments:**

Attached the correct Exhibit A for this submission.

**Changed Items:**

**Supporting Document Schedule Item Changes:**

**User Added -Name: Exhibits for Forms**

Comment: Exhibit A - forms being filed for approval

Exhibit B - forms previously approved to be used with this policy.

EXHIBIT B-AR 4003.pdf

EXHIBIT A-4003.pdf

*SERFF Tracking Number:* AMFA-125642094

*State:* Arkansas

*Filing Company:* Ameritas Life Insurance Corp.

*State Tracking Number:* 38932

*Company Tracking Number:* 4003

*TOI:* L06I Individual Life - Variable

*Sub-TOI:* L06I.002 Single Life - Flexible Premium

*Product Name:* 4003

*Project Name/Number:* 4003/4003

**Amendment Letter**

Amendment Date:

Submitted Date: 05/10/2008

**Comments:**

Statement of Variability Attached.

**Changed Items:**

**Supporting Document Schedule Item Changes:**

**User Added -Name: Statement of Variability**

Comment:

4003 Statement of Variability.pdf

<i>SERFF Tracking Number:</i>	<i>AMFA-125642094</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Ameritas Life Insurance Corp.</i>	<i>State Tracking Number:</i>	<i>38932</i>
<i>Company Tracking Number:</i>	<i>4003</i>		
<i>TOI:</i>	<i>L06I Individual Life - Variable</i>	<i>Sub-TOI:</i>	<i>L06I.002 Single Life - Flexible Premium</i>
<i>Product Name:</i>	<i>4003</i>		
<i>Project Name/Number:</i>	<i>4003/4003</i>		

**Amendment Letter**

Amendment Date:

Submitted Date: 05/09/2008

**Comments:**

Corrected Exhibit A attached.

**Changed Items:**

**Supporting Document Schedule Item Changes:**

**User Added -Name: Exhibits for Forms**

Comment: Exhibit A - forms being filed for approval

Exhibit B - forms previously approved to be used with this policy.

EXHIBIT B-AR 4003.pdf

EXHIBIT A-AL 4003.pdf

SERFF Tracking Number: AMFA-125642094 State: Arkansas

Filing Company: Ameritas Life Insurance Corp. State Tracking Number: 38932

Company Tracking Number: 4003

TOI: L061 Individual Life - Variable Sub-TOI: L061.002 Single Life - Flexible Premium

Product Name: 4003

Project Name/Number: 4003/4003

## Form Schedule

**Lead Form Number:** 4003

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	4003	Policy/Cont Flexible Premium ract/Fratern Variable Universal al Life Insurance Policy Certificate	Initial		0	4003 STANDARD.p df
	UN 2550 AP ALIC- EP	Application/ Allocation of Enrollment Premium Page Form	Initial		0	UN 2550 AP ALIC-EP BRACKETED .pdf
	UN 2550-1 PD-V ALIC	Application/ Policy Details Page Enrollment Form	Initial		0	UN 2550-1 PD-V ALIC BRACKETED .pdf
	AACBR01	Policy/Cont Accounting Benefit ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		0	AACBR01.pdf
	AGIR01	Policy/Cont Guaranteed ract/Fratern Insurability Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		0	AGIR01.pdf
	ASIR01	Policy/Cont Scheduled Increase ract/Fratern Rider	Initial		0	ASIR01.pdf

SERFF Tracking Number: AMFA-125642094 State: Arkansas  
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Product Name: 4003  
Project Name/Number: 4003/4003

	al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider			
ASCR01	Policy/Cont Supplemental ract/Fratern Coverage Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	0	ASCR01.pdf
AWMD01	Policy/Cont Waiver of Monthly ract/Fratern Deductions Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	0	AWMD01.pdf
APE01	Policy/Cont Pension Amendment ract/Fratern Endorsement al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	0	APE01.pdf
AAEC02	Policy/Cont Aviation Exclusion ract/Fratern Endorsement - Civil al Certificate:	Initial	0	AAEC02.pdf

SERFF Tracking Number:	AMFA-125642094	State:	Arkansas
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Product Name:	4003		
Project Name/Number:	4003/4003		

Amendmen  
t, Insert  
Page,  
Endorseme  
nt or Rider

AAEM02	Policy/Cont Aviation Exclusion ract/Fratern Endorsement - al Military Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	0	AAEM02.pdf
ARCE02	Policy/Cont Racing Exclusion ract/Fratern Endorsement al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	0	ARCE02.pdf





# Flexible Premium Variable Universal Life Insurance Policy

Nonparticipating



A STOCK COMPANY  
A NEBRASKA CORPORATION

For Customer Service contact us at:

PO Box 81889  
Lincoln, NE 68501

Or  
5900 "O" Street  
Lincoln, NE 68510

1-800-745-1112  
Fax: 1-402-467-7335

**Insured:** John Doe  
**Policy Number:** 0123456789

We will pay the death benefit proceeds to the beneficiary when we receive satisfactory proof of death of the *insured* while this policy is in force, subject to the terms of this policy.

LOOK AT THE APPLICATION FORMS. This policy is issued based on payment of the initial premium and the answers in the application (see copy attached). If all answers are not true and complete, this policy may be affected. If any past medical history has been omitted, please notify *us* within ten (10) days from the date this policy is delivered to *you*.

PLEASE READ THIS POLICY CAREFULLY. This policy is a legal contract between *you* and *Ameritas Life Insurance Corp.*

10-DAY RIGHT TO EXAMINE THIS POLICY. It is important to *us* that *you* are satisfied with this policy. *You* have 10 days to review this policy after *you* receive it. If *you* are dissatisfied with it for any reason, *you* may return it to the selling agent or to *us* for a refund within: 1) ten days from the date it is delivered to *you* (30 days if this is a replacement for an existing policy); or, 2) forty-five days after the application is signed, whichever is later. In such case, this policy will be void from the beginning. We will refund the premiums paid minus *policy debt* and partial withdrawals.

Signed for Ameritas Life Insurance Corp. at Lincoln, Nebraska

 SPECIMEN

Secretary

 SPECIMEN

President

**YOU MAY ALLOCATE PREMIUMS AMONG THE SUBACCOUNTS AND THE FIXED ACCOUNT. THE PORTION OF YOUR ACCOUNT VALUE THAT IS ALLOCATED TO THE SUBACCOUNTS WILL FLUCTUATE WITH THE INVESTMENT EXPERIENCE OF THE SUBACCOUNTS. THERE IS NO MINIMUM GUARANTEE ON THAT PORTION OF YOUR ACCOUNT VALUE. DEPENDING ON THE DEATH BENEFIT OPTION YOU SELECT, THE DEATH BENEFIT MAY BE FIXED, OR IT MAY VARY WITH THE INVESTMENT EXPERIENCE OF THE INVESTMENT OPTIONS YOU SELECT. THE DEATH BENEFIT IS DESCRIBED IN THE DEATH BENEFIT SECTION.**

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## POLICY SCHEDULE

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<b>Policy Number:</b>	[0123456789]
<b>Insured:</b>	[John Doe]
<b>Issue Age and Gender:</b>	[35, Male]
<b>Owner:</b>	[John Doe]
<b>Policy Date:</b>	[December 1, 2008]
<b>Issue Date:</b>	[December 1, 2008]
<b>Specified Amount:</b>	[\$100,000]
<b>Minimum Specified Amount:</b>	[\$50,000]
<b>Death Benefit Option:</b>	[A]
<b>Rate Class:</b>	[Standard Nontobacco]
<b>Basis of Values:</b>	2001 CSO [Male Nonsmoker] Mortality Table Age Nearest Birthday
<b>Fixed Account Minimum Credited Rate:</b>	[3.00]% Annually, [0.24663]% Monthly
<b>Planned Periodic Premium:</b>	[\$802.00]
<b>Planned Premium Frequency:</b>	[Annual]
<b>Initial Premium:</b>	[\$802.00]
<b>Monthly Minimum No-Lapse Premium:</b>	[\$36.00]
<b>Minimum No-Lapse Period:</b>	[10] years from the <i>policy date</i>

It is possible that coverage may expire prior to the death of the *insured* if premiums paid and investment experience are insufficient to continue coverage to such date.

## POLICY SCHEDULE

### MAXIMUM MONTHLY COST OF INSURANCE RATES AND CORRIDOR FACTORS

<i>Attained Age</i>	Maximum Cost of Insurance Rate	Corridor Factor	<i>Attained Age</i>	Maximum Cost of Insurance Rate	Corridor Factor	<i>Attained Age</i>	Maximum Cost of Insurance Rate	Corridor Factor
[35	0.09083	2.50	76	3.67750	1.05	117	71.00417	1.01
36	0.09583	2.50	77	4.07417	1.05	118	74.93500	1.01
37	0.10000	2.50	78	4.53750	1.05	119	79.10167	1.01
38	0.10750	2.50	79	5.07250	1.05	120	83.33333	1.01
39	0.11417	2.50	80	5.65583	1.05	121+	00.00000	1.01]
40	0.12167	2.50	81	6.32000	1.05			
41	0.13167	2.43	82	7.01167	1.05			
42	0.14417	2.36	83	7.75750	1.05			
43	0.15833	2.29	84	8.58333	1.05			
44	0.17500	2.22	85	9.50583	1.05			
45	0.19417	2.15	86	10.52833	1.05			
46	0.21250	2.09	87	11.64500	1.05			
47	0.23250	2.03	88	12.84167	1.05			
48	0.24417	1.97	89	14.10417	1.05			
49	0.25750	1.91	90	15.42167	1.05			
50	0.27667	1.85	91	16.66083	1.04			
51	0.29917	1.78	92	17.95250	1.03			
52	0.33000	1.71	93	19.31500	1.02			
53	0.36333	1.64	94	20.75417	1.01			
54	0.40583	1.57	95	22.26583	1.01			
55	0.45833	1.50	96	23.64917	1.01			
56	0.51167	1.46	97	25.12417	1.01			
57	0.56917	1.42	98	26.69833	1.01			
58	0.61833	1.38	99	28.37833	1.01			
59	0.67500	1.34	100	30.17500	1.01			
60	0.74333	1.30	101	31.60083	1.01			
61	0.82667	1.28	102	33.12000	1.01			
62	0.92833	1.26	103	34.73667	1.01			
63	1.04250	1.24	104	36.45667	1.01			
64	1.16250	1.22	105	38.26083	1.01			
65	1.28917	1.20	106	40.17917	1.01			
66	1.41750	1.19	107	42.21833	1.01			
67	1.54750	1.18	108	44.38583	1.01			
68	1.68750	1.17	109	46.68833	1.01			
69	1.83250	1.16	110	49.13250	1.01			
70	2.00833	1.15	111	51.72833	1.01			
71	2.20500	1.13	112	54.48333	1.01			
72	2.46333	1.11	113	57.40917	1.01			
73	2.73583	1.09	114	60.51250	1.01			
74	3.02250	1.07	115	63.80583	1.01			
75	3.33583	1.05	116	67.29917	1.01			

Note: Cost of Insurance Rates are per \$1,000 of *net amount at risk*.

To comply with section 7702 of the Internal Revenue Code, the total death benefit for this policy will not be less than the *account value* multiplied by the applicable corridor factor above.

## POLICY SCHEDULE

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### MAXIMUM EXPENSE CHARGES

- (1) Premium Charge: [5.00]% of each premium collected
- (2) Risk Charge: [0.0024590]% daily ([0.90]% annually) of the *account value* in the *subaccounts* for policy years 1-15;  
[0.0008197]% daily ([0.30]% annually) of the *account value* in the *subaccounts* for policy years 16+
- (3) Monthly Administrative Charge: \$[10.00] per month
- (4) Monthly Specified Amount Charge:

<u>Policy Year</u>	<u>Monthly Specified Amount Charge</u>
1	\$[5.97]
2	\$[16.22]
3	\$[16.22]
4	\$[16.22]
5	\$[16.22]
6	\$[16.22]
7	\$[12.98]
8	\$[9.74]
9	\$[6.49]
10	\$[3.25]
11+	\$[0.00]

- (5) Surrender Charge:

<u>Policy Year</u>	<u>Surrender Charge</u>
1	\$[802.00]
2	\$[1,203.00]
3	\$[1,203.00]
4	\$[1,203.00]
5	\$[1,203.00]
6	\$[1,052.00]
7	\$[902.00]
8	\$[751.00]
9	\$[601.00]
10	\$[451.00]
11	\$[300.00]
12	\$[150.00]
13+	\$[0.00]

In the event of an increase in the *specified amount*, the *surrender charges* and the monthly specified amount charge will increase. *You* will receive a revised policy schedule reflecting the increase.

## POLICY SCHEDULE

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Minimum increase in *specified amount*: \$[25,000]

Minimum decrease in *specified amount*: \$[1,000]

Minimum partial withdrawal amount: \$[100]

Maximum partial withdrawal fee: \$[50]

Maximum transfer charge: \$0 for the first 15 each policy year, then \$10 each thereafter

Minimum *subaccount* transfer amount: \$[250] or the *account value* in the *subaccount*, if less

Minimum *subaccount* balance: \$[100]

Maximum *attained age* for an increase or reinstatement: [85]

The maximum loan interest rate is [4.00]%. The maximum preferred loan interest rate is [3.50]%. The interest rate credited on any loaned portion of the *account value* will be [3.00]%. These interest rates are annual effective rates.

This is a flexible premium variable universal life insurance policy with an adjustable death benefit. *We* will pay the death benefit proceeds to the beneficiary if the *insured* dies while this policy is in force, subject to the terms of this policy.

As variable life insurance, this policy is a security and must be sold pursuant to a prospectus registered with the Securities and Exchange Commission (SEC). *We* encourage *you* to read the prospectus together with the policy.

## DEFINITIONS

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(Defined terms appear in italics throughout this policy.)

**ACCOUNT VALUE / ACCUMULATION VALUE / POLICY VALUE.** Means the sum of *net premiums* paid, minus partial withdrawals, minus policy charges, plus interest credited to the fixed account and the loan account, adjusted for gains or losses in the *subaccounts*. The *account value* is comprised of amounts in the *subaccounts*, the fixed account, and the loan account.

**ACCUMULATION UNIT.** Means an accounting unit of measure used to calculate the *account value* allocated to a *subaccount* of the Separate Account. It is similar to a share of a mutual fund.

**ANNUAL DATE.** Means the same date each year as the *policy date*.

**ATTAINED AGE.** Means the *issue age* plus the number of completed policy years. With respect to any increase in *specified amount*, *attained age* means the *issue age* for the increase plus the number of complete years since the increase.

**BUSINESS DAY.** Means each day that the New York Stock Exchange is open for trading.

**CASH SURRENDER VALUE.** Means the *account value*, minus the *surrender charge*, minus any *policy debt*.

**INSURED.** Means the person shown on the policy schedule upon whose life this policy is issued.

**INVESTMENT OPTIONS.** Means collectively the *subaccounts* and the fixed account. *You* may allocate *net premiums* and reallocate *account value* among the *investment options*.

**ISSUE AGE.** Means the *insured's* age as of the birthday nearest to the *policy date*. With respect to any increase in *specified amount*, *issue age* means the *insured's* age as of the birthday nearest to the date of the increase.

**ISSUE DATE.** Means the date on which the suicide and incontestability periods begin. If *we* have received the initial premium from *you*, the *issue date* will also be the date when *you* have life insurance coverage with *us*. If *we* have not received the initial premium from *you*, *you* WILL NOT have coverage until the date on which *we* receive the initial premium from *you*.

**MINIMUM NO-LAPSE PREMIUM.** Means the amount that must be paid on a cumulative basis to keep this policy in force during the minimum no-lapse period as shown on the policy schedule.

**MONTHLY DATE.** Means the same date of each month as the *policy date*.

**MONTHLY DEDUCTION.** Means a charge made against the *account value* on each *monthly date* for the coverage provided by this policy and any attached riders.

**NET AMOUNT AT RISK.** Means the death benefit on the *monthly date*, discounted at the fixed account minimum credited rate for one month, minus the *account value* on the *monthly date*, after the *monthly deduction* has been taken except for the cost of insurance.

**NET PREMIUM.** Means the premium paid reduced by the premium charge, which will not exceed the maximum premium charge shown on the policy schedule.

**PLANNED PERIODIC PREMIUM.** Means a level premium *you* intend to pay at a fixed interval. The *planned periodic premium* is shown on the policy schedule.

**POLICY DATE.** Means the date from which policy months, years and anniversaries are measured. The *policy date* will be determined by *us* unless *you* request a different *policy date* that *we* approve. If the *issue date* is after the *policy date* or *we* have not received the initial premium from *you*, *you* WILL NOT have life insurance coverage on the *policy date*.

**POLICY DEBT.** Means the sum of all unpaid policy loans and accrued interest on policy loans.

**PRO-RATA.** Means allocating a dollar amount among the *investment options* in proportion to the *account value* in those *investment options*.

**RIGHT TO EXAMINE TRANSFER DATE.** Means 13 days after the *issue date*, or if later, the date all requirements necessary to place the policy in force are delivered to *us*.

**SPECIFIED AMOUNT.** Means a dollar amount used to determine the death benefit of *your* policy. It is shown on the policy schedule. *You* may increase or decrease it as provided in *your* policy.

**SUBACCOUNTS.** Means the divisions within the Separate Account for which *accumulation units* are separately maintained. Each *subaccount* corresponds to a single underlying non-publicly traded portfolio.

**SURRENDER.** Means termination of this policy at *your* request for its *cash surrender value* while the *insured* is alive.

**SURRENDER CHARGE.** Means the charge subtracted from the *account value* on the *surrender* of this policy.

**WE, US, OUR, AMERITAS.** Means Ameritas Life Insurance Corp.

**WRITTEN NOTICE.** Means information *we* have received at the address(es) shown on the first page of this policy which is written, is signed by *you*, and is acceptable to *us*.

**YOU, YOUR.** Means the owner as shown on the policy schedule, unless changed. The *insured* may or may not be the owner.

## OWNERSHIP

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While the *insured* is living, *you* have all rights in this policy. *Your* rights will be subject to any assignment and to the rights of any irrevocable beneficiary. If *you* die before the *insured*, the successor owner named in the application is the new owner. If there is no successor owner, then *your* estate becomes the new owner.

A change of owner may be made at any time by *written notice* to *us*. It will take effect on the date *we* receive *written notice*. Unless there are no surviving primary or contingent beneficiaries, a change of owner does not change the beneficiary.

## BENEFICIARY

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The beneficiary will receive the death benefit proceeds when the *insured* dies. The primary and any contingent beneficiaries are named in the application. If no primary beneficiary is living when the *insured* dies, *we* will pay to the contingent beneficiary. If no contingent beneficiary is living when the *insured* dies, *we* will pay *you* or *your* estate.

Unless the beneficiary designation provides otherwise, *we* will follow these rules:



- (1) *We* will pay equal shares when more than one beneficiary of the same class is to share the funds.
- (2) No revocable beneficiary has rights in this policy until the *insured* dies.
- (3) An irrevocable beneficiary cannot be changed without his or her consent.
- (4) The interest of any beneficiary is subject to the rights of any assignee shown on *our* records.
- (5) When beneficiaries are not shown by name (such as “children”), *we* may find who they are from sworn statements and not wait for court records.

*You* may change the beneficiary at any time while the *insured* is living by *written notice* to *us*. *We* must approve any change. If approved, the change will take effect on the date the *written notice* was signed by *you*. *We* will not be liable for any payments *we* make or actions *we* take before the change is approved.

Unless otherwise provided, if any beneficiary dies within 30 days after the *insured* dies as the result of a common disaster, *we* will pay the death benefit proceeds as if that beneficiary died first.

## DEATH BENEFIT

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**DEATH BENEFIT PROCEEDS.** Death benefit proceeds will equal:

- (1) the death benefit at the *insured's* date of death; plus
- (2) any additional life insurance proceeds provided by riders; minus
- (3) any *policy debt*; minus
- (4) any overdue *monthly deductions* including the *monthly deduction* for the month of death.

*We* will pay the death benefit proceeds in a lump sum as soon as *we* receive satisfactory proof that the *insured* died while this policy was in force, and other proof that *we* may require in order to investigate the claim. *We* will include interest from the *insured's* date of death to the payment date. The rate will not be less than required by law. Full payment of the death benefit proceeds to the beneficiary discharges *us* from any and all claims.

**DEATH BENEFIT OPTIONS.** The death benefit at any time depends on the death benefit option *you* select:

**Option A.** The death benefit is the greater of: (1) the *specified amount*; and (2) the *account value* times the appropriate corridor factor shown on the policy schedule.

**Option B.** The death benefit is the greater of: (1) the *specified amount* plus the *account value*; and (2) the *account value* times the appropriate corridor factor shown on the policy schedule.

**Option C.** The death benefit is the greater of: (1) the *specified amount* plus the sum of premiums paid minus the sum of partial withdrawals taken; and (2) the *account value* times the appropriate corridor factor shown on the policy schedule. If the sum of partial withdrawals taken is greater than the sum of premiums paid, the death benefit may be less than the *specified amount*.

The policy schedule shows the *specified amount* and the death benefit option.

**DEATH BENEFIT OPTION CHANGES.** *You* may make certain changes to the death benefit option by *written notice* to *us*. The effective date of change will be the *monthly date* following *our* receipt of the *written notice*.

- (1) The option may be changed from Option B to Option A, or from Option C to Option A. This will not change the *specified amount*, and the death benefit will be reduced to equal the *specified amount*.
- (2) The option may be changed from Option A to Option B, or from Option C to Option B. In such case, the *specified amount* will be adjusted so that the *net amount at risk* is unchanged.

**SPECIFIED AMOUNT CHANGES.** On or after one year from the *policy date*, *you* may change the *specified amount* by *written notice* to *us*. Any change is subject to the following conditions:

- (1) The amount of any increase may be no less than the minimum increase in *specified amount* shown on the policy schedule.

- (2) Any increase of the *specified amount* will require evidence of insurability satisfactory to *us* and is subject to *our* underwriting limits in place at that time. Underwriting requirements do not apply to increases requested under certain riders that may be attached to the policy. *We* will send *you* a revised policy schedule showing the effective date and amount of the increase.
- (3) Any increase of the *specified amount* will be subject to cost of insurance charges, monthly specified amount charges and *surrender charges* based on the *insured's* gender, and the *issue age* and rate class for the increase.
- (4) The amount of any decrease may be no less than the minimum decrease in *specified amount* shown on the policy schedule.
- (5) A decrease of the *specified amount* will be effective on the *monthly date* following *written notice* to *us*. Any reduction will be in the following order:
  - (a) against the most recent increase of the *specified amount*;
  - (b) against the next most recent increases;
  - (c) against the initial *specified amount*.
- (6) Any decrease of the *specified amount* requested by *you* will not reduce the *surrender charges* or the monthly specified amount charges.
- (7) The *specified amount* after any requested change must not be less than the minimum *specified amount* shown on the policy schedule.
- (8) If the change is within the minimum no-lapse period, *we* will update the monthly *minimum no-lapse premium* on the revised policy schedule.

## PREMIUMS

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**PAYMENT OF PREMIUM.** The initial premium is the amount paid on or before delivery of this policy. The *planned periodic premium* is shown on the policy schedule. Even if *you* pay *planned periodic premiums*, *your* policy could lapse if the *cash surrender value* is not enough to pay the *monthly deductions*. *You* may change the amount and/or frequency of the *planned periodic premium*. *You* also may make unscheduled payments.

*We* reserve the right to require evidence of insurability for any premium payment that increases the *net amount at risk* of the policy. *We* will not accept that portion of a premium payment which affects the tax qualifications of this policy as described in section 7702 of the Internal Revenue Code, as amended. This excess amount will be returned to *you*.

Premium payments may be made to the address(es) shown on the first page of this policy or to such other place as *we* may designate. A receipt signed by *our* President or Secretary will be provided upon request. In the event no further premiums are paid, coverage will continue subject to the Grace Period provision until the *cash surrender value* is no longer sufficient to cover the *monthly deduction*.

**ALLOCATING PREMIUM.** On the application, *you* provided instructions on how *we* should allocate *your net premiums* to the *investment options*. These instructions are called *your* premium allocation. *You* may change *your* premium allocation at any time. Premium allocations must be in whole percentages and total 100%.

Prior to the *right to examine transfer date*, *we* will allocate *your* initial *net premium* and any additional *net premiums* to a money market *subaccount*. On the *right to examine transfer date*, *we* will reallocate *your account value* according to the premium allocation *you* selected on the application. *We* will allocate *net premiums* paid on or after the *right to examine transfer date* according to the premium allocation in effect on the date *we* receive the premium.

## INVESTMENT OPTIONS

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**SEPARATE ACCOUNT.** The Separate Account is a separate investment account of *ours*. The assets of the Separate Account are *our* property. The account is used only to fund the variable benefits provided under this policy and any other variable life policies supported by the account. However, they are not credited with earnings or charged with liabilities arising out of any other business *we* may conduct. No underlying portfolio is charged with liabilities of any other underlying portfolio.

**SUBACCOUNTS.** The Separate Account is divided into *subaccounts*. Each *subaccount* invests in a corresponding underlying portfolio. The underlying portfolios are not publicly traded mutual funds. The *account value* of *your* policy will go up or down based on the investment performance of the *subaccounts* *you* choose.

Please read the policy prospectus for more information about the Separate Account and the underlying portfolios. *You* can find additional details about the underlying portfolios in the fund prospectuses.

**UNIT VALUE.** The unit value of each *subaccount* reflects the investment performance of that *subaccount*. The unit value of each *subaccount* on any *business day* equals the unit value of the *subaccount* on the previous *business day* multiplied by the net investment factor for the *subaccount*. The net investment factor for each *subaccount* on any *business day* is determined by dividing (a) by (b) and subtracting (c) from the result, where:

- (a) is the net asset value per share of that fund at the end of the *business day*, plus the per share amount of any dividend or capital gain distributions paid by that fund since the previous *business day*, plus the per share amount of any taxes payable by the Separate Account;
- (b) is the net asset value per share of that fund at the end of the previous *business day*; and
- (c) is the daily risk charge, which will not exceed the maximum daily risk charge shown on the policy schedule.

Because the net investment factor may be greater than, less than, or equal to 1, unit values may increase or decrease from one *business day* to the next.

**VALUATION OF ASSETS.** *We* will determine the value of the assets of each *subaccount* at the close of trading on the New York Stock Exchange on each *business day*. If the New York Stock Exchange is closed (except for holidays or weekends), or trading is restricted due to an existing emergency as defined by the SEC so that *we* cannot value the *subaccounts*, *we* may postpone all transactions that require valuation of the *subaccounts* until valuation is possible. Any provision of the policy that specifies a *business day* will be superseded by the emergency procedure.

**FEES CHARGED BY THE PORTFOLIOS.** Each underlying portfolio charges fees separate and apart from this policy. These fees are not deducted from the *account value*. Instead, they are reflected in the net asset value of portfolio shares that, in turn, will affect the unit value of the *subaccount*. See the policy prospectus and series fund prospectuses for more information about these fees.

**SUBSTITUTION OF PORTFOLIOS.** *We* do not control the underlying portfolios, therefore *we* cannot guarantee the availability of any of the portfolios. Subject to any applicable law, *we* retain the right to add or change the *subaccounts* of the Separate Account, the right to eliminate the shares of any underlying portfolio, and the right to substitute shares of another portfolio for an eliminated portfolio. If the shares of the underlying portfolio are no longer available for investment, or if, in *our* judgment, investment in a portfolio would be inappropriate in view of the purposes of the Separate Account, *we* will first notify *you* and receive any necessary SEC and state approvals before making such a change. Separate Account underlying portfolios may be added or eliminated when, in *our* sole discretion, conditions warrant a change. If a portfolio is eliminated, *we* will ask *you* to reallocate any *account value* in the corresponding *subaccount*. If *you* do not reallocate this amount, *we* will automatically reallocate it to a money market *subaccount*. If *you* are allocating premium to the eliminated *subaccount*, *we* will ask *you* to change *your* premium allocation. If *you* do not, *we* will automatically allocate any future premium allocations to the eliminated *subaccount* to a money market *subaccount*.

**FIXED ACCOUNT.** Amounts allocated to the fixed account earn a fixed interest rate that *we* declare. This rate may change but will never be less than the fixed account minimum credited rate shown on the policy schedule.

*Net premiums* allocated to and transfers to the fixed account under this policy become part of *our* general account assets which support annuity and insurance obligations. The general account includes all of *our* assets, except those assets segregated in separate accounts. *We* have the sole discretion to invest the assets of the general account, subject to applicable law.

## ACCOUNT VALUE

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The *account value* on the *issue date* equals the initial *net premium* minus the *monthly deductions* due since the *policy date*. Thereafter, on any *business day* following the *issue date*, the *account value* equals:

- (1) the total of the *account value* in each *subaccount*; plus
- (2) the *account value* in the fixed account; plus
- (3) the *account value* in the loan account; plus
- (4) any *net premium* received that *business day*, but not yet allocated.

**ACCOUNT VALUE - SUBACCOUNTS.** The *account value* in each *subaccount* on any *business day* equals:

- (1) *your* current number of *accumulation units* in that *subaccount*; multiplied by
- (2) the current unit value for that *subaccount*.

*Your* number of *accumulation units* in a *subaccount* will increase when:

- (1) *net premiums* are credited to it; or
- (2) amounts are transferred to it from other *subaccounts*, the fixed account, or the loan account.

*Your* number of *accumulation units* in a *subaccount* will decrease when:

- (1) partial withdrawals (and any partial withdrawal fees) are taken from it;
- (2) *monthly deductions* are taken from it;
- (3) transfer charges are taken from it; or
- (4) amounts are transferred out of it into other *subaccounts*, the fixed account, or the loan account.

When transactions are made, the actual dollar amounts are converted to *accumulation units*. The number of *accumulation units* for a transaction are found by dividing the dollar amount of the transaction by the current unit value on the *business day* for that transaction. Each transaction above will increase or decrease *your accumulation units*.

**ACCOUNT VALUE - FIXED ACCOUNT.** The *account value* in the fixed account equals:

- (1) *net premiums* credited to it; plus
- (2) amounts transferred to it from the *subaccounts* or the loan account; plus
- (3) interest credited to it; minus
- (4) partial withdrawals (and any partial withdrawal fees) taken from it; minus
- (5) *monthly deductions* taken from it; minus
- (6) transfer charges taken from it; minus
- (7) amounts transferred from it into the *subaccounts* or the loan account.

**ACCOUNT VALUE - LOAN ACCOUNT.** The *account value* in the loan account equals:

- (1) amounts transferred to it from the *investment options*; plus
- (2) interest credited to it; minus
- (3) amounts transferred from it into the *investment options*.

## TRANSFERS

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You may transfer amounts between *investment options* at any time during the policy year. A transfer charge may apply as shown on the policy schedule. The transfer will take effect at the end of the *business day* during which the transfer request is received in *our* home office.

We reserve the right to limit or prohibit transfers that, in the judgment of the managers of the underlying portfolios, are excessive and will have a detrimental effect on portfolio management for the benefit of all owners.

**SUBACCOUNT TRANSFER.** The minimum amount that can be transferred out of a *subaccount* is shown on the policy schedule. If the remaining *account value* in the *subaccount* would be less than the minimum *subaccount* balance shown on the policy schedule, we will include that *account value* in the amount transferred.

If the *account value* in any *subaccount* falls below the minimum *subaccount* balance, we may transfer that *account value*, without charge, to a money market *subaccount*.

*Subaccount* transfers may be subject to additional restrictions by the portfolio advisor.

**FIXED ACCOUNT TRANSFER.** You may make one transfer per policy year out of the fixed account to any of the *subaccounts*. The maximum transfer amount out of the fixed account is equal to the greatest of:

- (1) 25% of the *account value* in the fixed account;
- (2) the amount of any fixed account transfer that occurred during the prior 13 months; and,
- (3) \$1,000.

## POLICY FACTORS

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**MONTHLY DEDUCTION.** On each *monthly date*, we will deduct an amount from your *account value* to pay us for providing the benefits of the policy. This amount is called the *monthly deduction*.

The *monthly deduction* equals:

- (1) the cost of insurance; plus
- (2) the monthly administrative charge; plus
- (3) the monthly specified amount charge; plus
- (4) the cost for any policy riders.

The *monthly deduction* is due on each *monthly date*, beginning on the *policy date*.

**COST OF INSURANCE.** The cost of insurance for a policy month is the cost of insurance rate times the *net amount at risk* divided by \$1,000. The maximum cost of insurance rates are determined by the *insured's* gender, *attained age*, and rate class, as shown on the policy schedule. The maximum cost of insurance rates for any increase in *specified amount* are determined by the *insured's* gender, *attained age* and rate class for the increase.

For purposes of determining the cost of insurance, *account value* is allocated first to the initial *specified amount*, then to subsequent increases in *specified amount* in the order those increases occurred.

**SPECIFIED AMOUNT CHARGE.** The maximum monthly specified amount charge is shown on the policy schedule. Any increase in the *specified amount* will result in an additional monthly specified amount charge.

**POLICY COST FACTORS.** We may change the interest rate credited to the fixed account, subject to the fixed account minimum credited rate shown on the policy schedule. We may change the cost of insurance rates, monthly administrative charges, monthly specified amount charges, premium charge, and risk charge, subject to the maximum rates and charges shown on the policy schedule. We will determine actual rates and charges based on *our* future expectations of such factors as mortality, expenses, interest, persistency and taxes. Any changes will be determined according to the procedures and standards on file with *your* State Insurance Department. Any change we make will be on a uniform basis for *insureds* of the same *issue age*, gender, rate class, *specified amount*, and the length of time coverages have been in force.

## ACCESSING POLICY VALUES

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Loans, partial withdrawals and cash surrenders may be subject to income tax and penalty tax.

**LOANS.** You may obtain a loan from the *cash surrender value* of this policy. This policy will be assigned to *us* as security for any loan. We may defer making a loan from the fixed account for up to six (6) months except to pay premiums on any policy in force with *us*. We may require *you* to sign a loan agreement. The maximum available loan amount is:

- (1) the *cash surrender value*; minus
- (2) loan interest up to the next *annual date*; minus
- (3) the sum of the next three *monthly deductions*.

After five (5) policy years, a portion of the *policy debt* may qualify for the preferred loan interest rate. The portion eligible for the preferred loan interest rate is:

- (1) the *account value*; plus
- (2) the sum of partial withdrawals taken; minus
- (3) the sum of premiums paid.

The maximum loan interest rate and the maximum preferred loan interest rate are shown on the policy schedule. We have the option of charging less. Interest accrues daily and becomes a part of the *policy debt*. Interest payments are due on each *annual date*. If interest is not paid when due, it will be added to the *policy debt* and will bear interest at the rate charged on the loan.

When a policy loan is made, or when interest is not paid when due, an amount sufficient to secure the *policy debt* is transferred out of the *investment options* and into the loan account. You may tell *us* how to allocate the loan amount among the *investment options*, provided that the remaining *account value* in each *subaccount* is not less than the minimum *subaccount* balance shown on the policy schedule. If *you* do not, we will deduct it *pro-rata*. We will credit interest to the loan account at the rate shown on the policy schedule.

You may repay policy debt in full or in part at any time. You must instruct *us* to treat *your* payment as a loan repayment; otherwise, we will treat any unspecified payment as premium. Loan repayments will not incur a premium charge. We will transfer the amount of any loan repayment from the loan account to the *investment options* according to *your* current premium allocation percentages.

**PARTIAL WITHDRAWAL.** You may take a partial withdrawal of cash from the *cash surrender value* by written notice to *us*. We may deduct a partial withdrawal fee, which will not exceed the maximum partial withdrawal fee shown on the policy schedule. The minimum partial withdrawal amount is shown on the policy schedule. The maximum partial withdrawal amount is:

- (1) the *cash surrender value*; minus
- (2) the sum of the next three *monthly deductions*.

Partial withdrawals result in cancellation of *accumulation units* from each applicable *subaccount*. You may tell us how to allocate the partial withdrawal among the *investment options*, provided that the remaining *account value* in each *subaccount* is not less than the minimum *subaccount* balance shown on the policy schedule. If you do not, we will deduct it *pro-rata*.

If Death Benefit Option A is in effect, the *specified amount* will be reduced by the partial withdrawal amount plus any fee.

**CASH SURRENDER.** You may surrender this policy for the *cash surrender value* by written notice to us. You may not reinstate this policy once you surrender it.

## KEEPING THE POLICY IN FORCE

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**GRACE PERIOD.** On any *monthly date* when the *cash surrender value* is less than the *monthly deduction* for the next policy month, you will have a 61-day grace period to make a premium payment to continue this policy. The minimum premium to continue this policy will be no more than an amount which results in a *cash surrender value* on the date the grace period begins equal to the current *monthly deduction* plus the next two *monthly deductions*. We will mail notice of this minimum premium to your last known address and to any assignee of record at the start of the 61-day grace period, at least 30 days and no more than 60 days prior to the end of the grace period.

Insurance coverage under this policy and any benefits provided by any rider(s) will be continued through the grace period. If the *insured* dies during the grace period, we will pay the death benefit proceeds. If the premium is not paid within the grace period, all insurance stops and this policy terminates with no *cash surrender value*. Even if you pay *planned periodic premiums*, your policy could lapse if the *cash surrender value* is not enough to pay the *monthly deductions*.

**MINIMUM NO-LAPSE PERIOD.** During the minimum no-lapse period, we guarantee this policy will remain in force and the grace period will not begin if the sum of the premiums paid to date, minus the sum of partial withdrawals taken and *policy debt*, equals or exceeds the sum of the *monthly minimum no-lapse premiums* from the *policy date* to the most recent *monthly date*. The *minimum no-lapse premium* and the minimum no-lapse period are shown on the policy schedule.

**REINSTATEMENT.** Within five years after your policy terminates, you may put this policy back in force by written notice to us if:

- (1) the *insured* provides us with evidence of insurability;
- (2) the *attained age* of the *insured* on the date of reinstatement does not exceed the maximum *attained age* for reinstatement as shown on the policy schedule;
- (3) the *insured* is alive on the date of reinstatement; and
- (4) this policy has not been *surrendered* for its *cash surrender value*.

The minimum premium you must pay to reinstate your policy is  $(a + b + c - d)$  divided by (e) where:

- (a) is the sum of all due and unpaid *monthly deductions* during the grace period;
- (b) is the sum of *monthly deductions* for three months from the date of reinstatement;
- (c) is the *surrender charge* on the date of reinstatement;
- (d) is the *account value* at the beginning of the grace period; and
- (e) is one minus the premium charge.

The *account value* on the date of reinstatement will equal:

- (1) the *net premium* paid to reinstate this policy; plus
- (2) the *account value* at the beginning of the grace period; minus
- (3) the sum of the due and unpaid *monthly deductions* during the grace period.

You must repay or reinstate any *policy debt* that existed at the beginning of the grace period. *Surrender charges* will be based on the original *policy date* and the dates of any increases in *specified amount* as if this policy had never terminated.

## GENERAL PROVISIONS

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**ENTIRE CONTRACT.** This policy is a legal contract that *you* have entered into with *us*. The entire contract consists of:

- (1) this policy;
- (2) any riders;
- (3) any endorsements;
- (4) the attached copy of the application, and any amendments or supplemental applications; and
- (5) the applicable policy schedule(s).

Any change in the contract must be written and signed by *our* President, or a Vice President, or the Secretary, or the Assistant Secretary. No one else is authorized to bind *us*.

Statements made in the application for issuance or reinstatement, in the absence of fraud, are representations and not warranties. No such statements will be used in defense of a claim under this policy unless contained in a written application and unless a copy of such statement is part of this policy.

**NONPARTICIPATING POLICY.** This policy is nonparticipating. No dividends will be paid under this policy.

**RELIANCE.** *We* have issued this policy based on the answers in the application and supplemental applications. *We* have assumed all such answers to be true and complete. If any are not, *we* may, subject to the Incontestability provision, have the right to void this policy and send back all premiums paid, minus *policy debt* and any partial withdrawals.

**INCONTESTABILITY.** *We* will not contest this policy, in the absence of fraud, after it has been in force while the *insured* is alive for two years from the *issue date*, nor will *we* contest any increased benefits later than two years after the effective date for such increased benefits. If *you* did not request the increase or if evidence of insurability was not required, *we* will not contest the increase. As used herein, increased benefits shall include any favorable policy changes requested by *you*. If this policy is reinstated, the incontestable period will start over again beginning on the reinstatement date, but only for statements made in the application for reinstatement. Riders to this policy may have separate incontestability provisions.

**SUICIDE.** For the first two full years from the *issue date*, *we* will not pay the death benefit if the *insured* commits suicide (while sane or insane). *We* will terminate this policy and give back the premiums paid, minus *policy debt* and any partial withdrawals. If the *insured* commits suicide (while sane or insane) within two years after the effective date of any increase in *specified amount*, *our* liability for such increase is limited to the *monthly deductions* for the increase. Riders to this policy may have separate suicide provisions.

**POLICY CHANGES.** *You* may request to change *your specified amount*, death benefit option or riders by sending *us* a *written notice*. Whenever one of these changes is made, *we* will send *you* a revised policy schedule that will show the updated coverage and any new charges.

**ANNUAL REPORT.** At least once a year *we* will send *you* an annual report showing the current *account value*, *cash surrender value*, *subaccount* earnings or losses, fixed account interest credits, premiums paid, partial withdrawals, loan activity, and cost of insurance charges since the prior report. Any other information required by *your* State Insurance Department will also be included in the annual report.

**ILLUSTRATIVE REPORT.** *You* may request a projection of illustrative future benefits and values at any time. *We* may make a reasonable charge to provide this information.

**DELAY OF PAYMENTS.** *We* usually will pay any policy loan, partial withdrawal, cash *surrender*, or death benefit proceeds from the *subaccounts* within seven (7) calendar days after *we* receive *written notice*. *We* can delay such payments or any transfers of amounts between *subaccounts* or into the fixed account if:



- (1) The New York Stock Exchange is closed other than customary weekend and holiday closings, or trading on the New York Stock Exchange is restricted as determined by the SEC; or,
- (2) The SEC by order permits the postponement for the protection of owners; or,
- (3) An emergency exists as determined by the SEC, as a result of which disposal of securities is not reasonably practicable, or it is not reasonably practicable to determine the value of the net assets of the *subaccounts*.

We may defer the payment of a policy loan, partial withdrawal, or cash *surrender* from the fixed account for up to six (6) months from the date *we* receive *your written notice*. We may delay the payment of any death benefit proceeds, other than the portion payable from the *subaccounts*, for up to two months after *we* receive satisfactory proof of death.

**TIME PERIOD FOR SPECIAL TRANSFER.** At any time within 24 months of the *policy date*, *you* may request a transfer of the entire *account value* in the *subaccounts* to the fixed account without incurring a transfer charge.

**TERMINATION.** This policy will terminate and all insurance will stop:

- (1) on the date *we* receive *your written notice*; or
- (2) when a required premium is not received before the end of the grace period; or
- (3) when the *insured* dies.

**CONFORMITY WITH LAWS.** This policy is subject to the laws of the state where the application is signed.

**MISSTATEMENT OF AGE OR GENDER.** If the *insured's* age or gender has been misstated on the application, an adjustment will be made to reflect the correct age and gender as follows:

- (1) If the misstatement is discovered at death, the death benefit amount will be adjusted based on what the cost of insurance rate as of the most recent *monthly date* would have purchased at the *insured's* correct age and gender.
- (2) If the misstatement is discovered prior to death, the *cash surrender value* will be adjusted to reflect the expense charges, *surrender charges*, and cost of insurance rates based on the *insured's* correct age and gender from the *policy date*.

**ASSIGNMENT.** *You* may assign this policy by giving *written notice*. We will not be responsible for the validity of an assignment. We will not be liable for any payments *we* make or actions *we* take before *we* receive *written notice* of an assignment. An assignment is subject to any *policy debt*.





Flexible Premium Variable Universal Life Insurance Policy  
Nonparticipating

#### Allocation Among Investment Options:

Choose from an Investment Level Asset Allocation Model OR select your own investment options.

##### Investment Level Asset Allocation Model:

The models will be rebalanced quarterly. Choose ONE of the Asset Allocation Models below.

Information regarding the funds and allocations for each model are contained in the asset allocation brochures, which I acknowledge receipt of by signing this application.

☐ Aggressive Model    ☐ Capital Growth Model    ☐ Balanced Model    ☐ Moderate Model    ☐ Conservative Model

#### OR

##### Individual Investment Options

Use whole percentages only. Must total 100%.

If Dollar Cost Averaging, a portion must be invested in the Money Market Fund or Fixed Account (see prospectus for restrictions) and the Dollar Cost Averaging section of the Optional Program form must be completed.

##### Percentage      Allocation

##### [ Fidelity® Variable Insurance Products:

\_\_\_\_\_ % Fidelity® VIP Equity-Income Portfolio, Initial Class  
 \_\_\_\_\_ % Fidelity® VIP Growth Portfolio, Initial Class  
 \_\_\_\_\_ % Fidelity® VIP High Income Portfolio, Initial Class  
 \_\_\_\_\_ % Fidelity® VIP Overseas Portfolio, Initial Class  
 \_\_\_\_\_ % Fidelity® VIP Asset Manager<sup>SM</sup> Portfolio, Initial Class  
 \_\_\_\_\_ % Fidelity® VIP Investment Grade Bond Portfolio, Initial Class  
 \_\_\_\_\_ % Fidelity® VIP Asset Manager: Growth® Portfolio, Initial Class  
 \_\_\_\_\_ % Fidelity® VIP Contrafund® Portfolio, Initial Class

##### Calvert Variable Series, Inc.:

\_\_\_\_\_ % CVS Social Balanced Portfolio  
 \_\_\_\_\_ % CVS Social International Equity Portfolio  
 \_\_\_\_\_ % CVS Social Equity Portfolio  
 \_\_\_\_\_ % CVS Income Portfolio  
 \_\_\_\_\_ % Ameritas Money Market Portfolio  
 \_\_\_\_\_ % Ameritas Income & Growth Portfolio  
 \_\_\_\_\_ % Ameritas MidCap Growth Portfolio  
 \_\_\_\_\_ % Ameritas Small Capitalization Portfolio  
 \_\_\_\_\_ % Ameritas Index 500 Portfolio  
 \_\_\_\_\_ % Ameritas Small Company Equity Portfolio  
 \_\_\_\_\_ % Ameritas MidCap Value Portfolio  
 \_\_\_\_\_ % Ameritas Core Strategies Portfolio

##### The Alger American Fund:

\_\_\_\_\_ % Alger American Balanced Portfolio, Class O

##### The Universal Institutional Funds, Inc.:

\_\_\_\_\_ % UIF Emerging Markets Equity Portfolio, Class I  
 \_\_\_\_\_ % UIF Global Value Equity Portfolio, Class I  
 \_\_\_\_\_ % UIF International Magnum Portfolio, Class I  
 \_\_\_\_\_ % UIF U.S. Real Estate Portfolio, Class I

##### MFS® Variable Insurance Trust<sup>SM</sup>:

\_\_\_\_\_ % MFS® VIT Utilities Series, Initial Class  
 \_\_\_\_\_ % MFS® VIT Strategic Income Series, Initial Class  
 \_\_\_\_\_ % MFS® VIT New Discovery Series, Initial Class  
 \_\_\_\_\_ % MFS® VIT Research International Series, Initial Class  
 \_\_\_\_\_ % MFS® VIT Total Return Series, Initial Class

##### Percentage      Allocation

##### American Century Investments:

\_\_\_\_\_ % American Century VP Income & Growth Fund, Class I  
 \_\_\_\_\_ % American Century VP Mid Cap Value Fund, Class I

##### AIM Variable Insurance Funds:

\_\_\_\_\_ % AIM V.I. Dynamics Fund, Series I  
 \_\_\_\_\_ % AIM V.I. International Growth Fund, Series I

##### Summit Mutual Funds, Inc., Summit Pinnacle Series:

\_\_\_\_\_ % Summit Nasdaq-100 Index Portfolio  
 \_\_\_\_\_ % Summit Russell 2000 Small Cap Index Portfolio  
 \_\_\_\_\_ % Summit S&P MidCap 400 Index Portfolio  
 \_\_\_\_\_ % Summit Bond Portfolio  
 \_\_\_\_\_ % Summit EAFE International Index Portfolio  
 \_\_\_\_\_ % Summit Inflation Protected Plus Portfolio  
 \_\_\_\_\_ % Summit Lifestyle ETF Market Strategy Aggressive Portfolio  
 \_\_\_\_\_ % Summit Lifestyle ETF Market Strategy Conservative Portfolio  
 \_\_\_\_\_ % Summit Lifestyle ETF Market Strategy Target Portfolio  
 \_\_\_\_\_ % Summit Natural Resources Portfolio

##### Third Avenue Variable Series Trust:

\_\_\_\_\_ % Third Avenue Value Portfolio

##### Dreyfus Investment Portfolios:

\_\_\_\_\_ % Dreyfus MidCap Stock Portfolio, Service Shares ☐

##### DWS Variable Series II:

\_\_\_\_\_ % DWS Dreman Small Mid Cap Value VIP Portfolio, Class A  
 \_\_\_\_\_ % DWS Global Thematic VIP Portfolio, Class A

##### Neuberger Berman Advisers Management Trust:

\_\_\_\_\_ % Neuberger Berman AMT Regency Portfolio, Class I

##### T. Rowe Price Equity Series, Inc.:

\_\_\_\_\_ % T. Rowe Price Blue Chip Growth Portfolio-II      ]

##### Ameritas Life Insurance Corp.:

\_\_\_\_\_ % Ameritas Fixed Account

100 %Total

## Variable Universal Life Policy Details

### 1. Excel Performance VUL:

- a) Specified Amount (base only): \$ \_\_\_\_\_
- b) Death Benefit Option:
- ☐ Option A (Specified Amount)
- ☐ Option B (Specified Amount plus Account Value)
- ☐ Option C (Return of Premium)
- c) Life Insurance Qualification Test:
- ☐ GPT (Guideline Premium Test) Default if no option is selected
- ☐ CVAT (Cash Value Accumulation Test)
- d) Supplementary Benefits:
- ☐ Accidental Death Benefit Rider: \$ \_\_\_\_\_
- ☐ Accounting Benefit Rider: \$ \_\_\_\_\_
- ☐ Children's Protection Rider: \$ \_\_\_\_\_
- ☐ Guaranteed Insurability Rider: \$ \_\_\_\_\_
- ☐ Term Insurance Rider - Other Insured:
- ☐ Family Member: \$ \_\_\_\_\_
- ☐ Non-Family Member: \$ \_\_\_\_\_
- ☐ Scheduled Increase Rider: \_\_\_\_\_ %
- ☐ Supplemental Coverage Rider: \$ \_\_\_\_\_
- ☐ Total Disability Benefit Rider: \$ \_\_\_\_\_
- ☐ Waiver of Monthly Deduction Rider \_\_\_\_\_ ]
- e) Monthly Deduction Allocation:
- Do you want to select a portfolio or portfolios from which to deduct your monthly policy expenses? ☐ Yes ☐ No

(If "Yes," list portfolio(s) and/or Guaranteed Account and percentage allocated. If "No," then the expenses will be prorated from all funds.)

Portfolio	Percentage
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
Total	100%

### 2. Protector hVUL:

- a) Face Amount: \$ \_\_\_\_\_
- b) Death Benefit Option:
- ☐ Option A (Face Amount)
- ☐ Option D (Face Amount plus Policy Value in Separate Account)
- c) Supplementary Benefits:
- ☐ Disability Benefit Rider: \$ \_\_\_\_\_
- ☐ Children's Protection Rider: \$ \_\_\_\_\_
- ☐ Other Insured Rider: \$ \_\_\_\_\_
- d) Guaranteed Death Benefit:
- All premiums paid toward Guaranteed Death Benefit need to be allocated to the Fixed Account.
- Please complete both 1 and 2. Complete 3 if applicable.
- 1) Guaranteed Death Benefit Period (select one):  
(Number of years you want the Guarantee to remain on the policy.)
- ☐ Lifetime
- ☐ \_\_\_\_\_ Years or to Age: \_\_\_\_\_ (must be 10 years or greater)
- 2) Guaranteed Death Benefit Funding Period (select one):  
(Number of years you want to fund the Guaranteed Death Benefit.)
- ☐ Lifetime
- ☐ \_\_\_\_\_ Years or to Age: \_\_\_\_\_
- 3) Guaranteed Death Benefit Excess Funding at Issue: \$ \_\_\_\_\_  
(This should be the one-time amount of excess Guaranteed Death Benefit funding allocated to the Fixed Account.)

### 3. Premium

- a) Planned Periodic Premium (modal): \$ \_\_\_\_\_
- b) Premium Frequency:
- ☐ Annual ☐ Electronic Funds Transfer (complete EFT form.)
- ☐ Semi-Annual ☐ Salary Allotment
- ☐ Quarterly ☐ Other: \_\_\_\_\_
- c) Additional First-Year Premium (lump sum amounts):
- ☐ \$ \_\_\_\_\_
- ☐ 1035 Exchange \$ \_\_\_\_\_  
(Complete Absolute Assignment Form)
- d) Send Premium Notices to: ☐ Residence ☐ Business
- ☐ Owner One ☐ Other: (Specify) \_\_\_\_\_
- ☐ Owner Two
- ☐ Insured One
- ☐ Insured Two
- e) Has any premium been given in connection with this application?
- ☐ Yes ☐ No (If "Yes," state amount paid for which conditional receipt has been given; the terms of which are hereby agreed to.)
- Amount: \$ \_\_\_\_\_

### 4. Insurance Suitability Questions:

- a) Do you understand that the death benefit and cash value may increase or decrease depending on the investment experience of the separate account?
- ☐ Yes ☐ No
- b) Do you believe that this policy will meet your insurance needs and financial objectives?
- ☐ Yes ☐ No
- c) Have you received a current copy of the Prospectus?
- ☐ Yes ☐ No

**Ameritas Life Insurance Corp.**  
Lincoln, Nebraska

**ACCOUNTING BENEFIT RIDER**

**DEATH BENEFIT.** Under this Accounting Benefit Rider (ABR), the death benefit of the policy to which this rider is attached is modified. The death benefit under this policy with this rider attached depends on the death benefit option *you* select.

**Option A.** The death benefit is the greater of: (1) the *specified amount* of the policy plus the ABR *specified amount*; and (2) the *account value* times the appropriate corridor factor shown on the policy schedule.

**Option B.** The death benefit is the greater of: (1) the *specified amount* of the policy plus the ABR *specified amount* plus the *account value*; and (2) the *account value* times the appropriate corridor factor shown on the policy schedule.

**Option C.** The death benefit is the greater of: (1) the *specified amount* of the policy plus the ABR *specified amount* plus the sum of premiums paid minus the sum of partial withdrawals taken; and (2) the *account value* times the appropriate corridor factor shown on the policy schedule. If the sum of partial withdrawals taken is greater than the sum of premiums paid, the death benefit may be less than the *specified amount* of the policy plus the ABR *specified amount*.

The *specified amount* of the policy, the ABR *specified amount* and the death benefit option are shown on the policy schedule.

**ABR SPECIFIED AMOUNT CHANGES.** As long as the ABR *specified amount* and the *specified amount* of the base policy remain in the same proportion as at the *policy date*, *you* may change the ABR *specified amount* by *written notice* to *us* during the lifetime of the *insured*, subject to *our* approval.

- (1) *You* may request an increase of the ABR *specified amount* on or after one year from the *policy date*. Any increase will require evidence of insurability satisfactory to *us* and is subject to *our* underwriting limits in place at that time. *We* will send *you* a revised policy schedule showing the effective date and amount of the increase.
- (2) *You* may request a decrease of the ABR *specified amount* on or after one year from the *policy date*. A decrease of the ABR *specified amount* will be effective on the *monthly date* following *written notice* to *us*. Any reduction will be made in the following order:
  - (a) against the most recent increase of the ABR *specified amount*;
  - (b) against the next most recent increases;
  - (c) against the original ABR *specified amount*.

**MONTHLY COST.** On each *monthly date*, *we* will deduct the monthly cost for this rider until it terminates. The monthly cost for this rider is:

- (a) the cost of insurance for this rider; plus
- (b) the monthly ABR *specified amount* charge.

**COST OF INSURANCE.** On each *monthly date*, the cost of insurance for this rider is (a) times (b) where:

- (a) is the applicable monthly cost of insurance rate for this rider; and
- (b) is the *net amount at risk* allocated to the ABR.

The *net amount at risk* is allocated between the policy and the ABR in proportion to the *specified amounts* of each as of the *monthly date*.

The maximum cost of insurance rate is determined for the ABR by the *insured's* gender, *attained age* and rate class as shown on the policy schedule. A cost of insurance rate less than the maximum cost of insurance rate may be used at *our* option. Any changes in the cost of insurance rates will be made by class and will be determined according to the procedures and standards on file with *your* State Insurance Department.

**MONTHLY ABR SPECIFIED AMOUNT CHARGE.** The monthly ABR *specified amount* charge is shown on the policy schedule and is based on the ABR *specified amount* as of the effective date for the rider. If there are any increases in the ABR *specified amount*, each increase will have a corresponding monthly ABR *specified amount* charge related to the amount of the increase. A decrease in the ABR *specified amount* will not reduce the monthly ABR *specified amount* charge. These charges will be shown on the policy schedule at the time of the increase.

**CONVERSION.** This rider may not be converted.

**INCONTESTABILITY.** In the absence of fraud, *we* will not contest this rider after it has been in force during the *insured's* lifetime for two years. *We* will not contest any increased benefit later than two years after its effective date.

**SUICIDE.** If the *insured* under this rider commits suicide (while sane or insane) within two years after the effective date of this rider, *our* total liability will be to return the monthly cost for this rider. If the *insured* under this rider commits suicide (while sane or insane) within two years after the effective date for an increase in the ABR *specified amount*, *our* total liability for that increase will be to return the monthly cost for that increase.

**TERMINATION.** This rider will terminate:

- (1) when the policy terminates; or
- (2) when the policy lapses; or
- (3) on the first *monthly date* after *you* give *us* written notice.

**REINSTATEMENT.** Within five years after this rider terminates, *you* may put it back in force by *written notice* to *us* if:

- (1) the policy is in force;
- (2) the *insured* provides *us* with evidence of insurability; and
- (3) enough premium is paid to keep this rider in force for three months.

**CONTRACT.** This rider is made a part of the policy. It is based on the application and any supplemental applications for this rider.

**RIDER SPECIFICATIONS.** The effective date, ABR *specified amount*, and maximum monthly charges for this rider are shown on the policy schedule.

AMERITAS LIFE INSURANCE CORP.

A stylized handwritten signature in black ink is written over the word "SPECIMEN". The signature appears to be "J. Smith" or similar, with a large, flowing initial.

Secretary

A stylized handwritten signature in black ink is written over the word "SPECIMEN". The signature appears to be "J. Smith" or similar, with a large, flowing initial.

President



**Ameritas Life Insurance Corp.**  
Lincoln, Nebraska

**GUARANTEED INSURABILITY RIDER**

**BENEFIT.** On each option date while this rider is in force, *you* may increase the *specified amount* by the benefit amount of this rider shown on the policy schedule. No evidence of insurability will be required. The option dates will be the *annual dates* nearest the *insured's* 25th, 28th, 31st, 34th, 37th and 40th birthdays.

**ADVANCING OF OPTION DATES.** *You* may elect to advance the next option date when one of these events happen:

- (1) the date of the *insured's* marriage; or
- (2) the date of the live birth of a child of the *insured's* marriage; or
- (3) the date of legal adoption by the *insured* of a child under 18 years of age.

The date the increase in coverage will take effect will be the third *monthly date* after the event. If more than one child is born or adopted on the same date, an option date will be advanced with respect to each child. An advanced option date will replace the next regular option date. At no time may the total number of options that are elected be more than the number of option dates that occur after the effective date of this rider.

**OTHER RIDERS.** *You* may increase the monthly total disability benefit that is provided by this policy, if any, on an option date in the same proportion as the *specified amount* increase that is elected under this rider.

If on an option date premiums are being credited under the terms of a Total Disability Benefit Rider, *we* will automatically increase the *specified amount* of insurance for the *insured* by the benefit amount of this rider. *We* will also increase the monthly total disability benefit in the same proportion.

*You* may increase the accidental death benefit that is provided by this policy, if any, on an option date in the same proportion as the *specified amount* increase elected under this rider, provided that the total amount of accidental death benefit for all policies issued by *us* on the *insured's* life does not exceed \$150,000.

**OPTION PERIOD.** The option period for an option date begins 60 days before and ends 31 days after that date. The option period for an option date that has been advanced begins on the date of any occasion in the ADVANCING OF OPTION DATES section and ends 91 days after that date.

**AUTOMATIC TERM INSURANCE.** *We* will provide free term insurance on the life of the *insured* for the option period of an available option date caused by marriage, birth, or adoption of a child. The insurance is not payable if the *insured* dies by suicide, while sane or insane. The amount will be equal to the option amount. This insurance will expire on the day before the third *monthly date* after the marriage, birth or adoption.

If the *specified amount* is reduced below the benefit amount of this rider, the benefit amount will be changed to the reduced *specified amount*. The monthly cost for this rider will also be reduced.

**TERMINATION.** This rider will terminate:

- (1) when the policy terminates; or
- (2) on the first *monthly date* after *you* give *us* written notice; or
- (3) on the expiry date shown on the policy schedule.

**REINSTATEMENT.** Within five years after *your* rider terminates, *you* may put this rider back in force by *written notice* to *us* if:

- (1) the policy is in force; and
- (2) *you* provide *us* with evidence of insurability; and
- (3) enough premium is paid to keep this rider in force for three months.

**CONTRACT.** This rider is made a part of the policy. It is based on the application and any supplemental applications for this rider.

**MONTHLY COST OF BENEFIT.** We will deduct the monthly cost for this rider until it terminates.

**RIDER SPECIFICATIONS.** The effective date, benefit amount and monthly cost for this rider are shown on the policy schedule.

AMERITAS LIFE INSURANCE CORP.

 **SPECIMEN**

Secretary

 **SPECIMEN**

President

**Ameritas Life Insurance Corp.**  
Lincoln, Nebraska

**SCHEDULED INCREASE RIDER FOR THE INSURED**

**BENEFIT.** We will automatically increase the *specified amount* on *annual dates* as described in the following section. The amount of increase will be the scheduled increase amount shown on the policy schedule.

**CONDITIONS.** Increases will take place on each *annual date*, subject to the following:

- (1) no increase will be made after the *annual date* nearest the *insured's* 65th birthday; and
- (2) total increases may not exceed two times the initial *specified amount*.

The rate class applicable to each increase will be the rate class of the *insured* on the effective date of this rider.

**REJECTION OF INCREASE.** We will mail *you* a revised policy schedule for each increase. Acceptance is automatic. *You* may reject the increase by *written notice* to *us* and return of the revised policy schedule within 30 days of the increase date.

**TERMINATION OF RIDER.** This rider will terminate:

- (1) when any increase is rejected; or
- (2) when the *specified amount* is reduced; or
- (3) when the policy terminates; or
- (4) on the first *monthly date* after *you* give *us* *written notice*; or
- (5) on the expiry date shown on the policy schedule.

**REINSTATEMENT.** Within five years after *your* rider terminates, *you* may put this rider back in force by *written notice* to *us* if:

- (1) the policy is in force; and
- (2) *you* provide *us* with evidence of insurability.

**CONTRACT.** This rider is made a part of the policy. It is based on the application and any supplemental applications for this rider.

**RIDER SPECIFICATIONS.** The effective date and benefit amount for this rider are shown on the policy schedule. There is no charge for this rider.

**AMERITAS LIFE INSURANCE CORP.**

 **SPECIMEN**

Secretary

 **SPECIMEN**

President



**Ameritas Life Insurance Corp.**  
Lincoln, Nebraska

**SUPPLEMENTAL COVERAGE RIDER**

**RIDER DEATH BENEFIT.** The Supplemental Coverage Rider (SCR) death benefit equals the total death benefit minus the death benefit calculated without this rider. The total death benefit depends on the death benefit option *you* select.

**Option A.** The total death benefit is the greater of: (1) the *specified amount* of the policy plus any Accounting Benefit Rider (ABR) *specified amount* plus the SCR *specified amount*; and (2) the *account value* times the appropriate corridor factor shown on the policy schedule.

**Option B.** The total death benefit is the greater of: (1) the *specified amount* of the policy plus any ABR *specified amount* plus the SCR *specified amount* plus the *account value*; and (2) the *account value* times the appropriate corridor factor shown on the policy schedule.

**Option C.** The total death benefit is the greater of: (1) the *specified amount* of the policy plus any ABR *specified amount* plus the SCR *specified amount* plus the sum of premiums paid minus the sum of partial withdrawals taken; and (2) the *account value* times the appropriate corridor factor shown on the policy schedule. If the sum of partial withdrawals taken is greater than the sum of premiums paid, the death benefit may be less than the sum of the policy and ABR, if applicable, and SCR *specified amounts*.

The *specified amount* of the policy, the ABR *specified amount* (if applicable), the SCR *specified amount*, and the death benefit option are shown on the policy schedule.

**SCR SPECIFIED AMOUNT CHANGES.** *You* may change the SCR *specified amount* by *written notice* to *us* during the lifetime of the *insured*, subject to *our* approval.

- (1) *You* may request an increase of the SCR *specified amount* on or after one year from the *policy date*. Any increase will require evidence of insurability satisfactory to *us* and is subject to *our* underwriting limits in place at that time. *We* will send *you* a revised policy schedule showing the effective date and amount of the increase.
- (2) *You* may request a decrease of the SCR *specified amount* on or after one year from the *policy date*. A decrease of the SCR *specified amount* will be effective on the *monthly date* following *written notice* to *us*. Any reduction will be made in the following order:
  - (a) against the most recent increase of the SCR *specified amount*;
  - (b) against the next most recent increases;
  - (c) against the original SCR *specified amount*.

**MONTHLY COST.** On each *monthly date*, *we* will deduct the monthly cost for this rider until it terminates. The monthly *cost* for this rider is:

- (a) the cost of insurance for this rider; plus
- (b) the monthly SCR *specified amount* charge.

**COST OF INSURANCE.** On each *monthly date*, the cost of insurance for this rider is (a) times (b) where:

- (a) is the applicable monthly cost of insurance rate for this rider; and
- (b) is the *net amount at risk* allocated to the SCR.

The *net amount at risk* is first allocated to the rest of the policy up to the *net amount at risk* that would be calculated for the policy without this rider attached. The remainder of the *net amount at risk*, if any, is allocated to the SCR.

The maximum cost of insurance rate is determined for the SCR death benefit by the *insured's* gender, *attained age*, and rate class as shown on the policy schedule. A cost of insurance rate less than the maximum cost of insurance rate may be used at *our* option. Any changes in the cost of insurance rates will be made by class and will be determined according to the procedures and standards on file with *your* State Insurance Department.

**MONTHLY SCR SPECIFIED AMOUNT CHARGE.** The monthly SCR *specified amount* charge is the amount shown on the policy schedule and is based on the SCR *specified amount* as of the effective date for the rider. If there are any increases in the SCR *specified amount*, each increase will have a corresponding monthly SCR *specified amount* charge related to the amount of the increase. A decrease in the SCR *specified amount* will not reduce the monthly SCR *specified amount* charge. These charges will be shown on the policy schedule at the time of the increase.

**CONVERSION.** This rider may not be converted.

**INCONTESTABILITY.** In the absence of fraud, *we* will not contest this rider after it has been in force during the *insured's* lifetime for two years. *We* will not contest any increased benefit later than two years after its effective date.

**SUICIDE.** If the *insured* under this rider commits suicide (while sane or insane) within two years after the effective date of this rider, *our* total liability will be to return the monthly cost for this rider. If the *insured* under this rider commits suicide (while sane or insane) within two years after the effective date for an increase in the SCR *specified amount*, *our* total liability for that increase will be to return the monthly cost for that increase.

**TERMINATION.** This rider will terminate:

- (1) when the policy terminates; or
- (2) when the policy lapses; or
- (3) on the first *monthly date* after *you* give *us* written notice.

**REINSTATEMENT.** Within five years after this rider terminates, *you* may put it back in force by *written notice* to *us* if:

- (1) the policy is in force;
- (2) the *insured* provides *us* with evidence of insurability; and
- (3) enough premium is paid to keep this rider in force for three months.

**CONTRACT.** This rider is made a part of the policy. It is based on the application and any supplemental applications for this rider.

**RIDER SPECIFICATIONS.** The effective date, SCR *specified amount*, and maximum monthly charges for this rider are shown on the policy schedule.

AMERITAS LIFE INSURANCE CORP.

 SPECIMEN

Secretary

 SPECIMEN

President

**Ameritas Life Insurance Corp.**  
Lincoln, Nebraska

**WAIVER OF MONTHLY DEDUCTION RIDER**

**PAYMENT OF INSURANCE.** We will waive the *monthly deduction* for the policy and riders stated on the policy schedule, upon receipt of satisfactory proof that:

- (1) the *insured* is totally disabled; and
- (2) total disability began while this rider was in force; and
- (3) total disability has continued for six consecutive months.

The benefit will begin on the *monthly date* after the start of the six-month period.

If total disability begins:

- (1) Before age 60: the benefit will be credited during that disability.
- (2) On or after age 60, but before age 63: the benefit will be credited only before age 65 while that disability continues.
- (3) On or after age 63, but before age 65: the benefit will be credited only during the two-year period after that disability begins and while it continues.

As used in this rider, "age 60," "age 63," and "age 65" means the *annual date* that is nearest the *insured's* 60th, 63rd and 65th birthdays, respectively.

**DEFINITION OF TOTAL DISABILITY.** Total disability is a disability which:

- (1) results from bodily injury or disease; and
- (2) lasts for at least six months; and
- (3) begins before age 65; and
- (4) continuously prevents the *insured* from being able to engage in an occupation for pay or profit. During the first 24 months of total disability, "an occupation" means the regular occupation of the *insured* at the time that total disability began. After the first 24 months of total disability, "an occupation" means any occupation for which the *insured* is or becomes reasonably suited by education, training or experience. "Occupation for pay or profit" includes being a full-time student or a homemaker, if that was the *insured's* regular occupation at the time that the total disability began.

Total disability is also the total and irrevocable loss, by the *insured*, of:

- (1) the sight of both eyes; or
- (2) the use of both hands; or
- (3) the use of both feet; or
- (4) the use of one hand and one foot.

**WRITTEN NOTICE AND PROOF OF DISABILITY.** Written notice and satisfactory proof of the *insured's* total disability must be given to us:

- (1) during the life of the *insured*; and
- (2) during the period of total disability; and
- (3) within one year after the beginning of the total disability.

Failure to give *written notice* and satisfactory proof within the time required will not invalidate a claim if the *written notice* and satisfactory proof were given as soon as was reasonably possible; however, no amount due more than one year prior to receipt of satisfactory proof by *us* will be paid.

Satisfactory proof of continuance of total disability must be given to *us* as often as *we* reasonably require. After the first two years of continuous total disability, satisfactory proof will not be required more than once a year. Examination of the *insured* at *our* expense by physicians approved by *us* may be required as a part of any satisfactory proof. If satisfactory proof is not given to *us* when required, no further *monthly deductions* will be waived.

**EXCLUSION AND LIMITATIONS.** No benefit will be paid if disability results from or is contributed to by:

- (1) intentionally self-inflicted injury; or
- (2) an act of declared or undeclared war while the *insured* is a member of any armed forces.

**TERMINATION OF RIDER.** This rider will terminate:

- (1) when the policy terminates; or
- (2) on the first *monthly date* after you give *us* *written notice*; or
- (3) on the expiry date shown on the policy schedule. However, this termination will not affect an eligible claim for disability that occurred before age 65.

**CONTRACT.** This rider is made a part of the policy. It is based on the application and any supplemental applications for this rider.

**MONTHLY COST OF BENEFIT.** *We* will deduct the monthly cost for this rider until it terminates.

**RIDER SPECIFICATIONS.** The effective date, benefit amount and monthly cost for this rider are shown on the policy schedule.

AMERITAS LIFE INSURANCE CORP.



Secretary



President



**Ameritas Life Insurance Corp.**  
Lincoln, Nebraska

**PENSION ENDORSEMENT**

Notwithstanding anything in this policy to the contrary, the following changes are made effective as of the *policy date*:

**OWNERSHIP** Provision – The last sentence of the first paragraph is deleted.

**BENEFICIARY** Provision – The last sentence of the first paragraph is changed to read:

If no contingent beneficiary is living when the *insured* dies, *we* will pay to the *insured's* estate.

**DEATH BENEFIT PROCEEDS** Provision – the first sentence of the last paragraph is changed to read:

*We* will pay the death benefit proceeds in a lump sum or pursuant to IRS requirements governing minimum distributions, as soon as *we* receive satisfactory proof that the *insured* died while this policy was in force, and other proof that *we* may require in order to investigate the claim.

**PARTIAL WITHDRAWAL** Provision – The first sentence is changed to read:

By *written notice* to *us*, *you* may take a partial withdrawal of cash or apply it to any periodic payment option agreeable to both *you* and *us*, subject to any loan and the minimum *specified amount* of this policy.

**CASH SURRENDER** Provision – The first sentence is changed to read:

By *written notice* to *us*, *you* may surrender this policy for the *cash surrender value* or apply it to any periodic payment option agreeable to both *you* and *us*.

**GENERAL PROVISIONS:**

A new paragraph is added to the **ENTIRE CONTRACT** Provision to read:

*We* are not a party to nor bound by any trust or plan described in Section 401(a) of the Internal Revenue Code ("Code"). The terms of this policy shall govern *our* rights and duties, notwithstanding any contrary terms of any such trust or plan.

A new provision, **CLAIMS OF CREDITORS**, is added to read:

**CLAIMS OF CREDITORS.** The proceeds of this policy will not be subject to the claims of any creditor of the *insured* or of any beneficiary, except as required by law. Neither the *insured* nor any beneficiary will have the right to transfer, assign or otherwise alienate any of the proceeds of this policy.

A new provision, **CONVERSION TO SUPPLEMENTARY CONTRACT**, is added to read:

**CONVERSION TO SUPPLEMENTARY CONTRACT.** If not terminated, this policy may be converted to a supplementary contract providing a periodic payment option agreeable to both *you* and *us*. Upon the effective date of the conversion, this policy will be surrendered to *us* and the policy's *cash surrender value* on that date, along with any additional payment required by *us*, will be applied to provide the agreed upon option.

**MISSTATEMENT OF AGE OR GENDER** Provision – is changed to read:

**MISSTATEMENT OF AGE.** If the *insured's* age has been misstated on the application, an adjustment will be made to reflect the correct age as follows:

- (1) If the misstatement is discovered at death, the death benefit amount will be adjusted based on what the cost of insurance rate as of the most recent *monthly date* would have purchased at the *insured's* correct age.
- (2) If the misstatement is discovered prior to death, the *cash surrender value* will be adjusted to reflect the expense charges, any applicable *surrender charges*, and cost of insurance rates based on the *insured's* correct age from the *policy date*.

The first sentence of the **ASSIGNMENT** Provision is changed to read:

Unless *you* are a trustee of a trust described in Section 401(a) of the Code, this policy may not be:

- (1) sold; or
- (2) assigned; or
- (3) discounted; or
- (4) pledged as collateral
  - (a) for a loan; or
  - (b) as security for the performance of an obligation; or
  - (c) for any other purpose.

Such a trustee may assign this policy by giving *written notice*.

**TERM INSURANCE RIDER**, if any, **PAYMENT OF INSURANCE** Provision – The last sentence is changed to read:

The benefit will be paid to the designated beneficiary, if any; otherwise to the *insured's* estate.

**AMERITAS LIFE INSURANCE CORP.**

 **SPECIMEN**

Secretary

 **SPECIMEN**

President

**Ameritas Life Insurance Corp.**  
Lincoln, Nebraska

**AVIATION EXCLUSION ENDORSEMENT - CIVIL**

Your policy is endorsed as follows:

If the *insured's* death results from or is contributed to by riding in or descending from any kind of aircraft (1) as a participant in a sporting event or hobby or (2) as a pilot, crew member or participant in training, the only amount payable by *us* will be the larger of:

- (1) the premiums paid minus *policy debt* and any partial withdrawals; and
- (2) the *cash surrender value*.

In no event will the amount payable exceed the amount of insurance in force at death. "Crew member" includes anyone who has duties at any time on the flight involving either the flight or the aircraft.

**AMERITAS LIFE INSURANCE CORP.**

 **SPECIMEN**

Secretary

 **SPECIMEN**

President



**Ameritas Life Insurance Corp.**  
Lincoln, Nebraska

**AVIATION EXCLUSION ENDORSEMENT - MILITARY**

Your policy is endorsed as follows:

If the *insured's* death results from or is contributed to by riding in or descending from any kind of aircraft operated by or for the armed forces (1) as a participant in a sporting event or hobby or (2) as a pilot, crew member or participant in training, the only amount payable by *us* will be the larger of:

- (1) the premiums paid minus *policy debt* and any partial withdrawals; and
- (2) the *cash surrender value*.

In no event will the amount payable exceed the amount of insurance in force at death. "Crew member" includes anyone who has duties at any time on the flight involving either the flight or the aircraft.

**AMERITAS LIFE INSURANCE CORP.**

 **SPECIMEN**

Secretary

 **SPECIMEN**

President



**Ameritas Life Insurance Corp.**  
Lincoln, Nebraska

**RACING EXCLUSION ENDORSEMENT**

*Your* policy is endorsed as follows:

If the *insured's* death results from or is contributed to by riding, driving or participating in any type of motor vehicle racing, the only amount payable by *us* will be the larger of:

- (1) the premiums paid minus *policy debt* and any partial withdrawals; and
- (2) the *cash surrender value*.

In no event will the amount payable exceed the amount of insurance in force at death.

**AMERITAS LIFE INSURANCE CORP.**

 **SPECIMEN**

Secretary

 **SPECIMEN**

President





*SERFF Tracking Number:*      *AMFA-125642094*

*State:*      *Arkansas*

*Filing Company:*      *Ameritas Life Insurance Corp.*

*State Tracking Number:*      *38932*

*Company Tracking Number:*      *4003*

*TOI:*      *L06I Individual Life - Variable*

*Sub-TOI:*      *L06I.002 Single Life - Flexible Premium*

*Product Name:*      *4003*

*Project Name/Number:*      *4003/4003*

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number:	AMFA-125642094	State:	Arkansas
Filing Company:	Ameritas Life Insurance Corp.	State Tracking Number:	38932
Company Tracking Number:	4003		
TOI:	L06I Individual Life - Variable	Sub-TOI:	L06I.002 Single Life - Flexible Premium
Product Name:	4003		
Project Name/Number:	4003/4003		

## Supporting Document Schedules

### Review Status:

**Satisfied -Name:** Certification/Notice 05/19/2008

#### Comments:

Certifications for compliance with Regulation 19, 33 and 34.

#### Attachments:

AR-reg 19 certification.pdf

AR-reg 34 certification.pdf

AR-reg 33 certification-4003.pdf

### Review Status:

**Satisfied -Name:** Application 05/09/2008

#### Comments:

Application UN 2550 Component pages attached. Forms were approved on 12-17-07 under file #37641

#### Attachment:

UN 2550 Application.pdf

### Review Status:

**Satisfied -Name:** Life & Annuity - Acturial Memo 05/09/2008

#### Comments:

#### Attachment:

4003 Statement of Method.pdf

### Review Status:

**Satisfied -Name:** Exhibits for Forms 05/19/2008

#### Comments:

Exhibit A - forms being filed for approval

Exhibit B - forms previously approved to be used with this policy.

#### Attachments:

EXHIBIT B-AR 4003.pdf

EXHIBIT A-4003.pdf

### Review Status:

**Satisfied -Name:** Statement of Variability 05/10/2008

*SERFF Tracking Number:*      *AMFA-125642094*

*State:*      *Arkansas*

*Filing Company:*      *Ameritas Life Insurance Corp.*

*State Tracking Number:*      *38932*

*Company Tracking Number:*      *4003*

*TOI:*      *L06I Individual Life - Variable*

*Sub-TOI:*      *L06I.002 Single Life - Flexible Premium*

*Product Name:*      *4003*

*Project Name/Number:*      *4003/4003*

**Comments:**

**Attachment:**

4003 Statement of Variability.pdf



# STATE OF ARKANSAS

## REGULATION 19

INSURER: **Ameritas Life Insurance Corp.**

This is to certify that the attached form(s) are in compliance with Rule and Regulation 19:

**Form Number:**

**Form Name:**

<b><u>4003</u></b>	<b><u>Flexible Premium Variable Universal Life Policy</u></b>
<b><u>UN 2550 AP ALIC-EP</u></b>	<b><u>Allocation of Premium Page</u></b>
<b><u>UN 2550-1 PD-V ALIC</u></b>	<b><u>Policy Details Page</u></b>
<b><u>AACBR01</u></b>	<b><u>Accounting Benefit Rider</u></b>
<b><u>AGIR01</u></b>	<b><u>Guaranteed Insurability Rider</u></b>
<b><u>ASIR01</u></b>	<b><u>Scheduled Increase Rider</u></b>
<b><u>ASCR01</u></b>	<b><u>Supplemental Coverage Rider</u></b>
<b><u>AWMD01</u></b>	<b><u>Waiver of Monthly Deductions Rider</u></b>
<b><u>APE01</u></b>	<b><u>Pension Amendment Endorsement</u></b>
<b><u>AAEC02</u></b>	<b><u>Aviation Exclusion Endorsement – Civil</u></b>
<b><u>AAEM02</u></b>	<b><u>Aviation Exclusion Endorsement – Military</u></b>
<b><u>ARCE02</u></b>	<b><u>Racing Exclusion Endorsement</u></b>

SIGNATURE: \_\_\_\_\_

TYPED NAME:

Robert G. Lange

TITLE:

Vice President, General Counsel and Assistant Secretary

DATE:

May 9, 2008

**STATE OF ARKANSAS**

**CERTIFICATION**

COMPANY: **Ameritas Life Insurance Corp.**

The following forms are submitted for review:

**4003**

**UN 2550 AP ALIC-EP**

**UN 2550-1 PD-V ALIC**

**AACBR01**

**AGIR01**

**ASIR01**

**ASCR01**

**AWMD01**

**APE01**

**AAEC02**

**AAEM02**

**ARCE02**

As an officer of the above company, I hereby certify that the solicitation and design of the above form(s) is in compliance with the Arkansas Guidelines for Non-Guaranteed Costs on Participating and Non-Participating Life Insurance. These guidelines are stated in Bulletin 11-83 issued by the Commissioner of Insurance of the Arkansas Department of Insurance on September 2, 1983.

SIGNATURE: \_\_\_\_\_

TYPED NAME: Robert G. Lange  
TITLE: Vice President, General Counsel and Assistant Secretary

DATE: May 9, 2008

# STATE OF ARKANSAS

## REGULATION 33

INSURER: **Ameritas Life Insurance Corp.**

This is to certify that the attached form(s) are in compliance with Rule and Regulation 33:

**Form Number:**

**Form Name:**

<b><u>4003</u></b>	<b><u>Flexible Premium Variable Universal Life Policy</u></b>
<b><u>UN 2550 AP ALIC-EP</u></b>	<b><u>Allocation of Premium Page</u></b>
<b><u>UN 2550-1 PD-V ALIC</u></b>	<b><u>Policy Details Page</u></b>
<b><u>AACBR01</u></b>	<b><u>Accounting Benefit Rider</u></b>
<b><u>AGIR01</u></b>	<b><u>Guaranteed Insurability Rider</u></b>
<b><u>ASIR01</u></b>	<b><u>Scheduled Increase Rider</u></b>
<b><u>ASCR01</u></b>	<b><u>Supplemental Coverage Rider</u></b>
<b><u>AWMD01</u></b>	<b><u>Waiver of Monthly Deductions Rider</u></b>
<b><u>APE01</u></b>	<b><u>Pension Amendment Endorsement</u></b>
<b><u>AAEC02</u></b>	<b><u>Aviation Exclusion Endorsement – Civil</u></b>
<b><u>AAEM02</u></b>	<b><u>Aviation Exclusion Endorsement – Military</u></b>
<b><u>ARCE02</u></b>	<b><u>Racing Exclusion Endorsement</u></b>

SIGNATURE: \_\_\_\_\_

TYPED NAME: Robert G. Lange  
TITLE: Vice President, General Counsel and Assistant Secretary

DATE: May 19, 2008

Companies<sup>SM</sup>**CHECK ALL COMPANIES THAT APPLY:**

- ☐ **Acacia Life Insurance Company** P.O. Box 81889, Lincoln, NE 68501 800-745-1112 Fax 402-467-7335 (Client Service Department)
- ☐ **Ameritas Life Insurance Corp.** P.O. Box 81889, Lincoln, NE 68501 800-745-1112 Fax 402-467-7335
- ☐ **The Union Central Life Insurance Company** P.O. Box 40888, Cincinnati, OH 45240 800-319-6901, Fax 513-595-2352

# Application for Insurance

## Personal Information

**1. Proposed Insured (One):**

- a) Name: \_\_\_\_\_
- b) Date of Birth: \_\_\_\_\_ c) Sex: ☐ Male ☐ Female
- d) Place of Birth: \_\_\_\_\_
- e) Social Security/Tax ID No.: \_\_\_\_\_
- f) Driver's License or other Government issued picture ID: \_\_\_\_\_ State: \_\_\_\_\_
- g) Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- h) Years at this Address: \_\_\_\_\_
- i) Tel. (Home): \_\_\_\_\_  
(Business): \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Best time to call: \_\_\_\_\_ at: ☐ Business ☐ Home  
In the event you are not available when our interviewer calls,  
may we speak with your spouse? ☐ Yes ☐ No
- j) Residency Status: ☐ U.S. Resident ☐ Other: \_\_\_\_\_
- k) Are you a U.S. Citizen: ☐ Yes ☐ No If "No," complete  
Foreign National form UN 0918 and provide the following:  
Citizenship: \_\_\_\_\_  
Visa Type: \_\_\_\_\_ Visa #: \_\_\_\_\_
- l) Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- m) Occupation: \_\_\_\_\_ Years: \_\_\_\_\_
- n) Duties: \_\_\_\_\_

**2. Owner Information (One):** *(Complete only if Owner is other than Proposed Insured.)*

- a) ☐ Individual b) ☐ Trust *(provide copy)* c) ☐ Partnership
- d) ☐ Corporation: County of Incorporation: \_\_\_\_\_
- e) Full Name: \_\_\_\_\_
- f) Relationship to Proposed Insured(s): \_\_\_\_\_
- g) Trustee(s) Name: \_\_\_\_\_
- h) Date of Birth or Date of Trust: \_\_\_\_\_
- i) Social Security/Tax ID No.: \_\_\_\_\_
- j) Driver's License or other Government issued picture ID: \_\_\_\_\_ State: \_\_\_\_\_
- k) Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- l) Tel. (Home): \_\_\_\_\_ (Business): \_\_\_\_\_  
Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_
- m) Residency Status: ☐ U.S. Resident ☐ Other: \_\_\_\_\_
- n) Are you a U.S. Citizen: ☐ Yes ☐ No If "No," complete  
Foreign National form UN 0918 and provide the following:  
Citizenship: \_\_\_\_\_  
Visa Type: \_\_\_\_\_ Visa #: \_\_\_\_\_
- o) Multiple Ownership *(indicate type)*:  
☐ Joint with Survivorship  
☐ Tenants in Common
- p) Successor Owner:  
Name: \_\_\_\_\_  
Social Security/Tax ID No.: \_\_\_\_\_

**3. Beneficiary Information:** *(Subject to change by Owner.)*

- a) Primary Beneficiary: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Relationship to Proposed Insured: \_\_\_\_\_  
Social Security/Tax ID: \_\_\_\_\_  
Date of Birth or Date of Trust: \_\_\_\_\_

- b) Contingent Beneficiary: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Relationship to Proposed Insured: \_\_\_\_\_  
Social Security/Tax ID: \_\_\_\_\_  
Date of Birth or Date of Trust: \_\_\_\_\_



## Application for Insurance

### Personal Information (continued)

**Acacia Life Insurance Company**  
P.O. Box 81889, Lincoln, NE 68501  
800-745-1112 Fax 402-467-7335  
(Client Service Department)

**Ameritas Life Insurance Corp.**  
P.O. Box 81889, Lincoln, NE 68501  
800-745-1112 Fax 402-467-7335

**The Union Central Life Insurance Company**  
P.O. Box 40888, Cincinnati, OH 45240  
800-319-6901, Fax 513-595-2352

#### 1. Proposed Insured (Two):

- a) Name: \_\_\_\_\_
- b) Date of Birth: \_\_\_\_\_ c) Sex: ☐ Male ☐ Female
- d) Place of Birth: \_\_\_\_\_
- e) Social Security/Tax ID No.: \_\_\_\_\_
- f) Driver's License or other Government issued ID: \_\_\_\_\_ State: \_\_\_\_\_
- g) Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- h) Years at this Address: \_\_\_\_\_
- i) Tel. (Home): \_\_\_\_\_  
(Business): \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Best time to call: \_\_\_\_\_ at: ☐ Business ☐ Home
- In the event you are not available when our interviewer calls,  
may we speak with your spouse? ☐ Yes ☐ No
- j) Residency Status: ☐ U.S. Resident ☐ Other: \_\_\_\_\_
- k) Are you a U.S. Citizen: ☐ Yes ☐ No If "No," complete  
Foreign National form UN 0918 and provide the following:  
Citizenship: \_\_\_\_\_  
Visa Type: \_\_\_\_\_ Visa #: \_\_\_\_\_
- l) Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- m) Occupation: \_\_\_\_\_ Years: \_\_\_\_\_
- n) Duties: \_\_\_\_\_

#### 3. Proposed Insured: (Child One or Other.)

- a) Name: \_\_\_\_\_
- b) Relationship: \_\_\_\_\_
- c) Date of Birth: \_\_\_\_\_ d) Sex: ☐ Male ☐ Female
- e) Place of Birth: \_\_\_\_\_
- f) Social Security No.: \_\_\_\_\_
- g) Ins. in Force/Company: \_\_\_\_\_
- h) Driver's License No.: \_\_\_\_\_

#### 2. Owner Information (Two): (Complete only if Owner is other than Proposed Insured.)

- a) ☐ Individual b) ☐ Trust (provide copy) c) ☐ Partnership
- d) ☐ Corporation: County of Incorporation: \_\_\_\_\_
- e) Full Name: \_\_\_\_\_
- f) Relationship to Proposed Insured(s): \_\_\_\_\_
- g) Trustee(s) Name: \_\_\_\_\_
- h) Date of Birth or Date of Trust: \_\_\_\_\_
- i) Social Security/Tax ID No.: \_\_\_\_\_
- j) Driver's License or other Government issued ID: \_\_\_\_\_ State: \_\_\_\_\_
- k) Address: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- l) Tel. (Home): \_\_\_\_\_ (Business): \_\_\_\_\_  
Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_
- m) Residency Status: ☐ U.S. Resident ☐ Other: \_\_\_\_\_
- n) Are you a U.S. Citizen: ☐ Yes ☐ No If "No," complete  
Foreign National form UN 0918 and provide the following:  
Citizenship: \_\_\_\_\_  
Visa Type: \_\_\_\_\_ Visa #: \_\_\_\_\_
- o) Multiple Ownership (indicate type):  
☐ Joint with Survivorship  
☐ Tenants in Common
- p) Successor Owner:  
Name: \_\_\_\_\_  
Social Security/Tax ID No.: \_\_\_\_\_

#### 4. Proposed Insured: (Child Two or Other.)

- a) Name: \_\_\_\_\_
- b) Relationship: \_\_\_\_\_
- c) Date of Birth: \_\_\_\_\_ d) Sex: ☐ Male ☐ Female
- e) Place of Birth: \_\_\_\_\_
- f) Social Security No.: \_\_\_\_\_
- g) Ins. in Force/Company: \_\_\_\_\_
- h) Driver's License No.: \_\_\_\_\_

**Ameritas Life Insurance Corp.**

P.O. Box 81889, Lincoln, NE 68501

800-745-1112 Fax 402-467-7335

---

**Telephone Authorization:**

Unless waived, the Owner and Producer/Registered Representative will have automatic telephone transfer authorization.

☐ I elect NOT to have telephone authorization.

☐ I elect NOT to have my Registered Representative have telephone authorization.

I hereby authorize and direct Ameritas Life Insurance Corp. ("Ameritas") to make allowable transfers of funds or reallocation of net premiums among available subaccounts based upon instructions received by telephone from: a) myself, as Owner; b) my Producer/Registered Representative; and c) the person(s) named below. Ameritas will not be liable for following instructions communicated by telephone that it reasonably believes to be genuine. Ameritas will employ reasonable procedures, including requiring the policy number to be stated, tape recording all instructions, and mailing written confirmation. If Ameritas does not employ reasonable procedures to confirm that instructions communicated by telephone are genuine, Ameritas may be liable for any losses due to unauthorized or fraudulent instructions.

Name per (c) above: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_

I understand: a) all telephone transactions will be recorded; and b) this authorization will continue in force until the authorization is revoked by either Ameritas or me. The revocation is effective when received in writing or by telephone by the other party.

**Investment Advisory Agreement for Model Asset Allocation**

- Selecting a model will change both the current and future allocations for your policy.
- To determine the appropriate model for your risk tolerance or to view specific investment allocation percentages, please refer to the Morningstar Asset Allocation brochure and worksheet or visit our web site.
- Upon receipt of this agreement, we will allocate according to the current version of the Morningstar Asset Allocation model in effect at that time, as indicated on our website.

In electing to participate in the Model Asset Allocation program using the Asset Allocator tool, I understand:

- I am giving Ameritas Investment Corp. ("AIC"), an affiliate of Ameritas Life Insurance Corp. ("Ameritas"), discretionary authority to serve as my investment advisor for the program solely for purposes of developing asset allocation models and periodic updates to the models, and to instruct Ameritas to allocate my premiums and policy values pursuant to the model I select and any changes to the model by AIC. If I am entering into this limited advisory agreement pursuant to the terms of a rider, I am also giving AIC discretionary authority to serve as my investment advisor for the purposes of deletions of models available with the rider. I am not retaining AIC as my investment adviser for any other financial planning purposes, unless agreed to expressly in writing. There is no additional charge for selecting the Model Asset Allocation program.
- I must decide whether participation in the program and which model is best for me. AIC will not make this decision for me. The Asset Allocator Questionnaire is only a tool to assist me. I may consult my own financial professional to help me.
- If I ever direct Ameritas to allocate my premiums or policy value to portfolios not included in the models, I will no longer receive updates to the models and this limited advisory agreement will terminate. In this circumstance, any rider requiring my participation in a modified Model Asset Allocation will also terminate. If I am entering into this limited advisory agreement pursuant to the terms of a rider, and I direct Ameritas to allocate my premiums or policy value to a model not allowed under the terms of the rider, this limited advisory agreement and the rider will both terminate.
- AIC and Ameritas may be subject to competing interests that have the potential to influence AIC's decision making with regard to the models, including revenue sharing from portfolios and principal underwriting fees. These potential conflicts are disclosed in the Policy prospectus and AIC's Form ADV Part II, which I acknowledge having received, and the Policy Statement of Additional Information, which I have the opportunity to obtain.
- AIC or Ameritas may terminate or change its available asset allocation program(s) at any time.
- This agreement is effective upon receipt and approval by Ameritas and AIC of my election to participate.

**Acacia Life Insurance Company**  
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(Client Service Department)

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**The Union Central Life Insurance Company**  
P.O. Box 40888, Cincinnati, OH 45240  
800-319-6901, Fax 513-595-2352

## Universal Life / Traditional Life / VUL Financial Information

### 1. Existing and Pending Insurance - Proposed Insured(s):

- |   | Proposed<br>Insured One | Proposed<br>Insured Two |
|---|-------------------------|-------------------------|
| a) Total insurance in force on the Proposed Insured(s).   | \$ _____                | \$ _____                |
| b) Total insurance currently pending with all companies, including this application.  | \$ _____                | \$ _____                |
| c) Of the above pending amount, how much do you intend to accept? \$ _____  | \$ _____                | \$ _____                |
| d) Provide information for each policy in force on the Proposed Insured(s). (Attach additional page if necessary.)            |                         |                         |
| Proposed Insured: <input type="checkbox"/> One <input type="checkbox"/> Two   |                         |                         |
| Company: _____  |                         |                         |
| Group, Personal or Business: _____  |                         |                         |
| Issue Date: _____   |                         |                         |
| To Remain in Force? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                         |                         |
| Face Amount: _____  |                         |                         |
| Proposed Insured: <input type="checkbox"/> One <input type="checkbox"/> Two   |                         |                         |
| Company: _____  |                         |                         |
| Group, Personal or Business: _____  |                         |                         |
| Issue Date: _____   |                         |                         |
| To Remain in Force? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                         |                         |
| Face Amount: _____  |                         |                         |
| e) Have you ever sold, assigned, or pledged as collateral a life insurance policy, or an interest in a life insurance policy? |                         |                         |
| <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes," give details.) _____                                      |                         |                         |

### 2. Existing Insurance (Replacement):

- a) Do you have any existing life insurance policies or annuity contracts? ☐ Yes ☐ No (If "Yes," complete a Replacement Notice if required by State Law.)
- b) Will any life insurance policy or annuity contract presently in force with this or any other company be discontinued, reduced, changed, or replaced if insurance now applied for is issued?
- ☐ Yes ☐ No (If "Yes," give details.) \_\_\_\_\_

Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Date: \_\_\_\_\_

Type of Policy: \_\_\_\_\_

### 3. Insurance Producer's Replacement Statement:

- a) To the best of your knowledge, does the applicant have any existing insurance policies or contracts? ☐ Yes ☐ No
- b) To the best of your knowledge, does the policy applied for involve replacement, in whole or in part, of any existing life insurance, annuity, disability income or overhead expense insurance, or any other accident and sickness insurance?
- ☐ Yes ☐ No (If "Yes," give details.) \_\_\_\_\_
- Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_
- c) Will a policy loan on one or more policies be utilized to pay any portion of the initial premium or deposit on the policy applied for?
- ☐ Yes ☐ No (If "Yes," give policy number(s) involved.) \_\_\_\_\_

### 4. Statement of Intent:

- a) Is there, or will there be, any agreement or understanding that provides for a party, other than the Owner, to obtain any interest in any policy issued on the life of the proposed insured as a result of this application? ☐ Yes ☐ No
- b) Will the premiums be financed through a loan? ☐ Yes ☐ No (If "Yes," list: lender, duration of loan, and collateral required.) \_\_\_\_\_
- c) Will any entity other than a life insurance company be medically evaluating the proposed insured either to obtain financing or to determine life expectancy? ☐ Yes ☐ No (If "Yes," give details.) \_\_\_\_\_
- d) Will the policy, if issued, be placed in a trust? ☐ Yes ☐ No (If "Yes," give details and provide copy of trust.) \_\_\_\_\_

### 5. Financial Questions:

- |  | Proposed<br>Insured One  | Proposed<br>Insured Two |
|--|--|-------------------------|
| a) Gross annual earned income: (salary, commissions, bonuses, etc.)  | \$ _____   | \$ _____                |
| b) Gross annual unearned income: (dividend, interest, net real estate income, etc.)  | \$ _____   | \$ _____                |
| c) Household net worth: \$ _____   |  |                         |
| d) In the last 5 years, has either of the Proposed Insured(s) or the business had any major financial problems (bankruptcy, etc.)? | <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes," give details.) _____ |                         |
| e) If Owner, other than the proposed insured, is an individual:  |  |                         |
| Net Worth: \$ _____  |  |                         |
| Net Annual Income: \$ _____  |  |                         |
| Total Family Income: \$ _____  |  |                         |

### 6. Source of Premiums: (Check one or more.)

- ☐ Current Income ☐ Cash Savings ☐ Employer
- ☐ Securities ☐ Relative ☐ Premium Finance
- ☐ Sale of personal property or real estate.
- ☐ Insurance/Annuities (Loans/Withdrawals).
- ☐ 1035 Exchange
- ☐ Insurance or annuity maturity value or death benefit.
- ☐ Rollover/Transfer of 401(k) or Pension Funds.
- ☐ Other: \_\_\_\_\_

### 7. Business Insurance: (Complete for ALL Business Owned Insurance.)

- |   | Current Year   | Previous Year |
|---|--|---------------|
| a) Assets:  | \$ _____   | \$ _____      |
| b) Liabilities:   | \$ _____   | \$ _____      |
| c) Gross Sales:   | \$ _____   | \$ _____      |
| d) Net Income after taxes:  | \$ _____   | \$ _____      |
| e) Fair Market Value of the business:                                       | \$ _____   | \$ _____      |
| f) What percentage of the business is owned by Proposed Insured(s)? _____ % |  |               |
| g) Are other partners / owners / executives being insured?                  | <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes," give details.) _____ |               |

## Application for Insurance Lifestyle Questionnaire

**Acacia Life Insurance Company**  
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(Client Service Department)

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800-319-6901, Fax 513-595-2352

### Lifestyle Questions: (Please provide details for "Yes" answers.)

Has any person proposed for coverage:

1. Used tobacco or nicotine products in any form within the last five years? (In Details, provide dates and type: cigarettes, cigars, cigarillos, a pipe, chewing tobacco, nicotine patches, gum, etc.) ☐ Yes ☐ No
2. Ever applied for insurance or reinstatement which has been: declined, postponed, rated, modified; or had any such insurance canceled or a renewal premium refused? (In Details, provide date, reason, and company name.) ☐ Yes ☐ No
3. Ever received or claimed: indemnity, benefits, or a payment for any injury, sickness or impaired condition? ☐ Yes ☐ No
4. Ever made any flights as: a pilot, student pilot, or crew member of any aircraft? (If "Yes," complete Aviation Questionnaire.) ☐ Yes ☐ No
5. Been convicted of a moving traffic violation, had any traffic accidents, or had a driver's license revoked or suspended within the past five years? ☐ Yes ☐ No
6. Been charged with, or convicted of, or currently awaiting trial on the violation of any criminal law? ☐ Yes ☐ No
7. In the next year, any intention of traveling outside the U.S. or Canada or residing outside of the U.S.? (If "Yes," complete Foreign Travel Questionnaire.) ☐ Yes ☐ No
8. Belong to or intend joining: any active or reserve military, naval, or aeronautic organization? (If "Yes," complete Military Service Questionnaire.) ☐ Yes ☐ No
9. Engaged in or plan to engage in any form of the following: (If "Yes," check all boxes below that apply and complete appropriate form(s).) ☐ Yes ☐ No
 

<input type="checkbox"/> Motorized Racing	<input type="checkbox"/> Scuba diving
<input type="checkbox"/> Parachuting/Skydiving	<input type="checkbox"/> Hang-gliding
<input type="checkbox"/> Ballooning	<input type="checkbox"/> Mountain climbing
<input type="checkbox"/> Rodeo	<input type="checkbox"/> Competitive skiing
<input type="checkbox"/> Snowmobiling	<input type="checkbox"/> Gliding
<input type="checkbox"/> Boat racing	<input type="checkbox"/> Other: _____

### Proposed Insured One - Details for any "Yes" answers to Lifestyle Questions: (Indicate question number and timeframe.)

### Proposed Insured Two - Details for any "Yes" answers to Lifestyle Questions: (Indicate question number and timeframe.)

## Application for Insurance Health Questionnaire

**Acacia Life Insurance Company**  
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800-319-6901, Fax 513-595-2352

Name of Proposed Insured: \_\_\_\_\_

### Health Questions. Please complete Details for "Yes" answers.

1. a) Height: \_\_\_\_\_ b) Weight: \_\_\_\_\_  
 c) Have you lost 10 lbs. or more in the past 12 months? ☐ Yes ☐ No  
 d) Have you gained 10 lbs. or more in the past 12 months? ☐ Yes ☐ No
2. Have you ever been medically treated for or had any known indication of:
  - a) Disorder of eyes, ears, nose, or throat? ☐ Yes ☐ No
  - b) Dizziness, vertigo, fainting, seizures, recurrent headache; speech defect, paralysis, or stroke? ☐ Yes ☐ No
  - c) Shortness of breath, bronchitis, pleurisy, asthma, emphysema, tuberculosis or chronic respiratory disorder? ☐ Yes ☐ No
  - d) Chest pain, palpitation, high blood pressure, heart murmur, heart attack or other disorder of the heart or blood vessels? ☐ Yes ☐ No
  - e) Jaundice, intestinal bleeding; ulcer, hernia, colitis, hepatitis, diverticulitis, recurrent indigestion or other disorder of the stomach, intestines, liver or gallbladder? ☐ Yes ☐ No
  - f) Sugar, albumin, blood or pus in urine; sexually transmitted disease; stone or other disorder of kidney or bladder? ☐ Yes ☐ No
  - g) Diabetes, thyroid, or other endocrine disorders? ☐ Yes ☐ No
  - h) Disorder of breasts, reproductive organs, or prostate? ☐ Yes ☐ No
  - i) Neuritis, arthritis, rheumatism, gout, or disorder of or injury to the bones, muscles, nerves, knees, wrists or other joints? ☐ Yes ☐ No
  - j) Disorder of skin, lymph glands, cyst, tumor or cancer? ☐ Yes ☐ No
  - k) Allergies; anemia or other disorder of the blood? ☐ Yes ☐ No
  - l) Spinal, neck or back disorder or injury, including sprains, strains, or disc disorder? ☐ Yes ☐ No
  - m) Anxiety, depression, stress or other mental, nervous, psychiatric or emotional disorder? ☐ Yes ☐ No
  - n) Chronic fatigue, fibromyalgia, or Epstein-Barr virus? ☐ Yes ☐ No
  - o) C-section, miscarriage, or complication of pregnancy? ☐ Yes ☐ No
  - p) Any mental or physical disorder not listed above? ☐ Yes ☐ No
3. Have you ever consulted a chiropractor? ☐ Yes ☐ No
4. Are you currently pregnant? ☐ Yes ☐ No
5. Other than noted above, have you within the past five years:
  - a) Had a checkup, consultation, illness, injury, or surgery; been a patient in a hospital, clinic, sanatorium, or other medical facility; had an electrocardiogram, X-ray, or other diagnostic test? ☐ Yes ☐ No
  - b) Been advised by a licensed medical professional to have any diagnostic test, hospitalization, or surgery which was not completed? ☐ Yes ☐ No
6. Within the past ten years, have you ever:
  - a) Used marijuana, cocaine, barbiturates, tranquilizers, heroin, LSD, amphetamines, morphine, narcotics; or any other drug, except as legally prescribed by a physician? ☐ Yes ☐ No
  - b) Sought or received medical treatment or professional advice; or been arrested for the use of alcohol, cocaine, marijuana, narcotics or any other drug? ☐ Yes ☐ No
  - c) Consumed alcoholic beverages? If yes, specify extent? ☐ Yes ☐ No

7. Have you been diagnosed by a licensed medical professional as having Acquired Immune Deficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV)? ☐ Yes ☐ No

8. Have any of your immediate family members (parents, brothers and sisters), died of or been diagnosed as having; coronary artery disease, diabetes, cancer, stroke or kidney disease, prior to age 60? ☐ Yes ☐ No

	Age if Living	Cause of Death	Age at Death
Father:	_____	_____	_____
Mother:	_____	_____	_____
Brothers & Sisters:	_____	_____	_____

9. a) Name and address of personal or attending doctor:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

b) Telephone: \_\_\_\_\_  
 c) Date last consulted: \_\_\_\_\_  
 Reason and any medication/treatment given: \_\_\_\_\_

d) List any medications (*prescription or nonprescription*) you are taking currently:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

For each "Yes" answer, give details. (*Identify: question number, diagnoses, dates, duration, names and addresses of all attending physicians and medical facilities. Attach additional Health Questionnaire page, UN 2550 HQ, if needed.*)

## Application for Insurance Agreement

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800-745-1112 Fax 402-467-7335

**The Union Central Life Insurance Company**  
P.O. Box 40888, Cincinnati, OH 45240  
800-319-6901, Fax 513-595-2352

### Agreement

The undersigned represent that their statements in this application and Part II, if such Part II is required by the companies listed above ("the Companies"), are true and complete to the best of their knowledge and belief. It is agreed that:

- (a) the only statements to be considered as the basis of the policy are those contained in the application or in any amendment to the application;
- (b) any prepayment made with this application will be subject to the provisions of the CONDITIONAL RECEIPT;
- (c) **if there is no prepayment made with this application, the policy will not take effect until:**
  - (1) the first premium is paid during the lifetime of the proposed insured(s) and while his/her health and the facts and other conditions affecting their insurability remain as described in this application and Part II, if required; and**
  - (2) the policy is delivered to the Owner;**
- (d) no one except the President, a Vice President, the Secretary, or an Assistant Secretary can make, alter or discharge contracts or waive any of the Companies' rights or requirements; and
- (e) this application was signed and dated in the state indicated.

If applying for an indeterminate premium plan:

- (a) the premium for such plan is guaranteed for the initial guarantee period, and after such period, the current annual premium is not guaranteed and may change; and
- (b) the premium will never exceed the specified maximum.

### Fraud Notice

Any person who knowingly or with intent to defraud; submits an application or files a claim containing false, incomplete or misleading information; is guilty of a crime and may be subject to fines and criminal penalties, including imprisonment. In addition, insurance benefits may be denied if false information provided by an applicant is materially related to a claim.

Dated at: \_\_\_\_\_  
City State Month Day Year

Print or Type Proposed Insured Name.

**X**

Signature of Proposed Insured.

Print or Type Name of Other Proposed Insured.

**X**

Signature of Other Proposed Insured.

Print or Type Owner if not Proposed Insured.

**X**

Signature of Owner if not Proposed Insured.

Print or Type Insurance Producer Name.

Producer No./Sit. Code.

**X**

Signature of Licensed Soliciting Producer.

Producer State Lic. No.

Print or Type Insurance Producer Name.

Producer No./Sit. Code.

**X**

Signature of Licensed Soliciting Producer.

Producer State Lic. No.

Agency Name.

Agency No.

### Taxpayer Identification Number (TIN)

Social Security Number

Employer Identification Number

Under penalties of perjury, I certify that:

- 1) The number shown on this form is my correct TIN (or I am waiting for a number to be issued to me); and
- 2) I am not subject to backup withholding either because: (a) I am exempt from backup withholding; (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends; or (c) the IRS has notified me that I am no longer subject to backup withholding.

- 3) I am a U.S. Citizen or other U.S. Person (including a U.S. resident alien).

Cross out item (2) if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

**X**

Signature of Owner, Trustee/Employer

Date

**AMERITAS LIFE INSURANCE CORP.**  
**STATEMENT OF METHOD**  
**Policy Form 4003**

**I. General**

This product is a flexible premium variable universal life insurance contract with benefits payable on death or cash withdrawal. The death benefit depends on the death benefit option selected by the owner, as described below. Premiums are flexible and may be allocated among investment options, including subaccounts that fluctuate in value and the fixed account that earns a declared interest rate. The value of amounts allocated to the investment options by the owner is called the account value. The owner may transfer account value between the investment options, borrow against the account value, or take a partial withdrawal from the account value, subject to limits described in the policy. We assess certain charges against the account value for providing the contract benefits, as described below. The policy remains in force as long as the cash surrender value (account value minus surrender charge and policy debt) exceeds the monthly deduction. In addition, during the minimum no-lapse period, the policy will remain in force as long as the sum of premiums paid, minus the sum of partial withdrawals and policy debt, exceeds the sum of monthly minimum no-lapse premiums.

**II. Rate Classes and Cost of Insurance Rates**

The available rate classes and issue ages are as follows:

Preferred Plus, issue ages 18-75

Preferred Non-Tobacco, issue ages 18-80

Select Non-Tobacco, issue ages 18-80

Standard Non-Tobacco, issue ages 0-80

Preferred Tobacco, issue ages 18-80

Standard Tobacco, issue ages 18-80

The maximum cost of insurance rates for the first four rate classes listed above are based on the nonsmoker rates from the 2001 CSO ANB Ultimate Mortality Table (except that attained ages 0-15 are based on aggregate rates). The maximum cost of insurance rates for the two tobacco rate classes are based on the smoker rates from the same table. For policies issued on a gender-neutral basis, the "80% Male" version of the table is used. Beyond attained age 121, the maximum cost of insurance rate is zero.

Substandard risks may have additional rating factors applied to the standard maximum cost of insurance rates. These additional rating factors may take the form of a "table rating" multiplier (from 25% extra to 400% extra) or a "flat extra" (temporary or permanent) that is added to the standard rate.

Current cost of insurance rates are 25-year select and ultimate with band breaks at \$250,000 and \$1,000,000 of specified amount. Preferred Plus is the most favorable rate class and has the lowest current cost of insurance rates, followed by Preferred Non-Tobacco, Select Non-Tobacco, and Standard Non-Tobacco, in that order. Preferred Tobacco has lower current cost of insurance rates than Standard Tobacco. Current cost of insurance rates are less than or equal to the maximum cost of insurance rates. Cash values that develop from the current rates will be no less than the cash values that develop from the maximum rates.

### III. Interest Rates

The current interest rate credited to account value in the fixed account will not be less than 3.0%. Account value in the loan account will be credited 3.0%. Account value in any subaccount fluctuates with the investment experience of the underlying portfolio.

### IV. Expense Charges

#### A. Monthly Administrative Charge

The monthly administrative charge is a flat per policy charge that applies for all policy years. The maximum charge is \$10 per month. The actual charge may be less.

#### B. Monthly Specified Amount Charge

The monthly specified amount charge applies for the first 10 policy years and for the first 10 years after an increase in specified amount. The maximum charges are specified in the policy schedule, and they are based on per \$1000 rates. Actual charges may be less.

#### C. Premium Charge

A premium charge will be applied to each premium payment as it is processed. This charge will be subtracted from the premium received before it is added to the account value. The maximum charge is 5.0% of premium received. The actual charge may be less.

#### D. Risk Charge

A daily risk charge will be deducted from the unit value of each subaccount but not from the fixed account. The charge will not exceed an annual rate of 0.90% in policy years 1-15 and 0.30% in policy years 16 and later. The actual charge may be less.

#### E. Service Fees (Transfer Charge and Partial Withdrawal Charge)

A service fee may be charged for special services. The maximum charge for processing a transfer between investment options is \$10, but the first 15 transfers per policy year are



free of charge. The maximum charge for processing a partial withdrawal is \$50. The actual charge may be less.

#### F. Surrender Charges

Surrender charges apply during the first 12 policy years and for the first 12 years after an increase in specified amount. The surrender charge is subtracted from the account value when the owner surrenders the policy for cash.

#### G. Sponsored Arrangements

For policies issued in a sponsored arrangement, the expense charges may be reduced or waived to reflect the reduced sales and administrative effort. A “sponsored arrangement” includes a program under which an employer or an association permits group solicitation of its employees or members for the purchase of policies on an individual basis.

### V. Death Benefit

The amount of the death benefit depends on the selected death benefit option. The death benefit for option A is the greater of:

- a) the specified amount, and
- b) Z multiplied by the account value.

The death benefit for option B is the greater of:

- a) the specified amount plus the account value, and
- b) Z multiplied by the account value.

The death benefit for option C is the greater of:

- c) the specified amount, plus premiums paid, minus partial withdrawals taken, and
- d) Z multiplied by the account value.

Z is a factor that when multiplied by the account value insures the policy remains qualified as life insurance under section 7702 of the Internal Revenue Code.

Death benefit proceeds will equal the death benefit on the insured's date of death minus any policy debt and minus any overdue monthly deductions including the deduction for the month of death.

The minimum initial specified amount is \$100,000. The owner may increase or decrease the specified amount and change the death benefit option, subject to limits described in the policy.

### VI. Minimum No-Lapse Period

The minimum no-lapse period for this product is 10 years. During the first 10 policy years, the policy will stay in force, and the grace period will not begin, as long as the sum of

premium paid to date equals or exceeds the sum of the monthly minimum no-lapse premiums to date. The monthly minimum no-lapse premium is equal to an amount per \$1,000 of specified amount plus \$10.37.

## VII. Reserves

Reserves will be calculated according to the Commissioners Reserve Valuation Method prescribed in the Standard Valuation Law. The mortality basis is the 2001 CSO ANB Mortality Table, with gender- and smoker-distinction. Immediate payment of claims on death is assumed. The interest basis will not exceed the maximum valuation interest rate, which is currently 4.00%. In no case, however, will the reserve held be less than the cash value.

An additional reserve for the minimum no-lapse period provision will be calculated where necessary in accordance with Actuarial Guideline 37. The additional reserve covers the contingency in which the death benefit would not be payable if not for the minimum no-lapse period provision. The reserve equals the larger of the one-year term reserve recognizing a 1/3 drop in the account value in the subaccounts, and the attained age level reserve.

## VIII. Cash Values and Nonforfeiture Demonstration

### A. Definitions

x:	Age at issue
SA:	Specified amount of insurance
${}_y\text{DB}$ :	Death benefit in policy year y
${}_y\text{AV}$ :	Account value at the end of policy year y.
${}_{m,y}\text{AV}$ :	Account value at the beginning of month m in policy year y, before the monthly deduction for policy month m.
${}_m\text{NP}$ :	Net premium received during the policy month preceding policy month m. It is the gross premium received minus the premium charge.
${}_y\text{SC}$ :	Surrender charge applicable during policy year y.
${}_y\text{CV}$ :	Cash value at the end of policy year y, equal to ${}_y\text{AV} - {}_y\text{SC}$ . The policy may be surrendered for its cash surrender value, equal to ${}_y\text{CV} - \text{policy debt}$ .
${}_m\text{EXP}$ :	Monthly expense charge on a per policy and per \$1000 basis, deducted from the account value at the beginning of policy month m.

- ${}_mW$ : Partial withdrawals during the policy month preceding policy month  $m$ . Partial withdrawals also reduce the death benefit.
- ${}_mSF$ : Service fees imposed (e.g. for transfers) during the policy month preceding policy month  $m$ .
- ${}_yCOI/12$ : Monthly cost of insurance rate for policy year  $y$ , including table rating or flat extra rating.
- ${}_mNAR$ : Net amount at risk for policy month  $m$ , equal to
1. Death Benefit /  $(1.03)^{1/12}$ , minus
  2. Account Value for the purpose of calculating the NAR, equal to  $({}_m{}_yAV + {}_mNP - {}_mEXP)$ .
- ${}_mIG/L$ : Investment gain/loss for the subaccounts, plus monthly interest earnings on the fixed account and the loan account, during the policy month preceding policy month  $m$ .
- $NLP$ : Net level premium per \$1 of initial specified amount based on the nonforfeiture mortality rates and a specified nonforfeiture interest rate.
- $E^I$ : Initial expense allowance as defined by the 1980 Amendments to the Standard Nonforfeiture Law, equal to  $(.01*(SA) + 1.25*(SA)*\min[NLP, 0.04])$
- $\ddot{a}_{x+y}$ : Present value of a life annuity of \$1 per year payable to a life age  $x+y$  calculated according to the appropriate 2001 CSO mortality table and a specified interest rate.

## B. Account Value

The account value can be expressed by the following formula:

$${}_{m+1}{}_yAV = {}_m{}_yAV + {}_mNP - {}_mEXP - {}_mW - {}_mSF - ({}_yCOI/12)({}_mNAR/1000) + {}_mIG/L$$

The account value can also be described as the accumulation of:

1. Premiums paid, minus
2. Premium charges, minus
3. Benefit charges, minus
4. Administrative charges, minus
5. Service fees, minus
6. Partial withdrawals.

## C. The minimum cash value under the NAIC Variable Universal Life Insurance Model Regulation is:

1. The accumulation of premiums,
2. Minus the accumulation of:
  - a. The benefit charges,
  - b. The average maintenance charge for the first policy year and any insurance increase years,
  - c. Actual maintenance charges for other years,
  - d. Initial acquisition and additional acquisition expense charges not exceeding the initial or additional expense allowances, respectively,
  - e. Any service charge made, and
  - f. Any partial withdrawals.
3. Minus, any unamortized unused initial or additional expense allowances, as defined in the Standard Nonforfeiture Law.

The initial acquisition expense charge is equal to:

- a. The first year expense charge, minus
- b. The averaged administrative expense charges for policy years two through twenty.

For this product, the maintenance charge is equal to the monthly administrative charge plus the monthly specified amount charge. The monthly administrative charge is level all years, and the monthly specified amount charge has been calculated such that the first year charge never exceeds the average charge over years two through twenty. The same is true with respect to any additional specified amount charge arising from an increase in specified amount. Thus, both the initial acquisition expense charge and the additional acquisition expense charge equal zero.

The unamortized unused initial expense allowance during the policy year beginning on the policy anniversary equals:

$$E^I (\ddot{a}_{x+y}/\ddot{a}_x)$$

The unamortized unused additional expense allowance is calculated in the same manner, treating the attained age at the time of the increase as the issue age.

#### D. Application of Model

Restating the minimum cash value using terms defined above, we have:

- (1) Minimum CV = account value minus unamortized unused initial or additional expense allowances
- (2) Cash Value = account value minus surrender charge

Combining these two formulas leads to:

(3) Cash Value minus Minimum CV = unamortized unused initial or additional expense allowances minus surrender charge

Thus, the cash value meets minimum requirements if the surrender charges at issue and upon subsequent increase in specified amount are less than the unamortized unused initial or additional expense allowances.

The mortality basis for nonforfeiture values is the same as the maximum cost of insurance rates. The current maximum nonforfeiture interest rate is 5.00%, which is 125% of the current maximum valuation interest rate of 4.00%. Surrender charges for this product, at every age and duration, have been compared against and are less than the unamortized unused initial expense allowances calculated at both 3.00% and 5.50%. As long as the prescribed nonforfeiture interest rate remains between 3.00% and 5.50%, surrender charges for this product will be less than the unamortized unused initial expense allowances, and the cash values for this product will equal or exceed the minimum cash values. See sample calculations in Attachment 1.



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Peter E. Whipple, FSA, MAAA  
Second Vice President  
April 28, 2008

## ATTACHMENT 1

The tables below compare surrender charges ( $SC_t$ ) to unamortized unused initial expense allowances ( $UE^I$ ) calculated at different interest rates for sample ages.

Policy Year (t)	Male Standard Non-Tobacco Issue Age 35				Male Standard Non-Tobacco Issue Age 55				Male Standard Non-Tobacco Issue Age 75			
	$UE^I$ calculated at			$SC_t$	$UE^I$ calculated at			$SC_t$	$UE^I$ calculated at			$SC_t$
	3.0%	5.0%	5.5%		3.0%	5.0%	5.5%		3.0%	5.0%	5.5%	
Issue	24.89	19.82	18.90	8.02	44.71	38.23	36.88	22.28	60.00	60.00	60.00	46.11
1	24.61	19.68	18.77	8.02	43.67	37.53	36.24	22.28	57.24	57.52	57.58	46.11
2	24.32	19.53	18.65	12.03	42.62	36.81	35.59	29.51	54.51	55.04	55.16	46.11
3	24.03	19.38	18.51	12.03	41.57	36.08	34.92	29.51	51.83	52.58	52.75	46.11
4	23.73	19.22	18.37	12.03	40.49	35.33	34.23	29.51	49.22	50.16	50.38	46.11
5	23.42	19.05	18.23	12.03	39.41	34.56	33.52	29.51	46.69	47.79	48.05	46.11
6	23.10	18.87	18.08	10.52	38.31	33.77	32.79	25.82	44.24	45.49	45.78	40.35
7	22.78	18.69	17.92	9.02	37.21	32.97	32.04	22.13	41.90	43.26	43.58	34.58
8	22.45	18.50	17.75	7.51	36.11	32.16	31.29	18.44	39.64	41.09	41.44	28.82
9	22.12	18.31	17.58	6.01	35.01	31.34	30.53	14.75	37.46	39.00	39.36	23.05
10	21.77	18.11	17.40	4.51	33.91	30.51	29.76	11.06	35.38	36.97	37.35	17.29
11	21.42	17.90	17.22	3.00	32.82	29.68	28.98	7.37	33.40	35.03	35.42	11.52
12	21.07	17.69	17.03	1.50	31.72	28.84	28.19	3.68	31.54	33.19	33.59	5.76
13+	20.71	17.46	16.83	0.00	30.62	27.98	27.38	0.00	29.80	31.47	31.87	0.00

Policy Year (t)	Male Standard Tobacco Issue Age 35				Male Standard Tobacco Issue Age 55				Male Standard Tobacco Issue Age 75			
	$UE^I$ calculated at			$SC_t$	$UE^I$ calculated at			$SC_t$	$UE^I$ calculated at			$SC_t$
	3.0%	5.0%	5.5%		3.0%	5.0%	5.5%		3.0%	5.0%	5.5%	
Issue	28.44	23.17	22.17	8.82	53.43	47.11	45.77	28.96	60.00	60.00	60.00	46.59
1	28.06	22.96	21.99	8.82	52.07	46.13	44.86	28.96	57.29	57.54	57.60	46.59
2	27.67	22.74	21.80	13.23	50.71	45.14	43.94	36.71	54.62	55.10	55.21	46.59
3	27.28	22.51	21.60	13.23	49.35	44.14	43.02	36.71	52.01	52.68	52.83	46.59
4	26.88	22.28	21.39	13.23	47.98	43.12	42.07	36.71	49.46	50.31	50.51	46.59
5	26.47	22.03	21.17	13.23	46.60	42.08	41.10	36.71	47.02	48.01	48.24	46.59
6	26.05	21.78	20.95	11.57	45.22	41.03	40.11	32.12	44.66	45.78	46.05	40.77
7	25.62	21.52	20.71	9.92	43.85	39.98	39.12	27.53	42.41	43.64	43.93	34.94
8	25.19	21.25	20.47	8.26	42.50	38.93	38.13	22.94	40.25	41.57	41.88	29.12
9	24.75	20.98	20.23	6.61	41.17	37.89	37.15	18.35	38.15	39.54	39.87	23.29
10	24.31	20.70	19.98	4.96	39.86	36.86	36.18	13.76	36.13	37.57	37.92	17.47
11	23.86	20.41	19.72	3.30	38.57	35.83	35.21	9.17	34.22	35.70	36.05	11.64
12	23.41	20.12	19.45	1.65	37.29	34.80	34.23	4.58	32.43	33.94	34.30	5.82
13+	22.95	19.81	19.18	0.00	36.00	33.76	33.24	0.00	30.78	32.30	32.66	0.00

Policy Year (t)	Female Standard Non-Tobacco Issue Age 35				Female Standard Non-Tobacco Issue Age 55				Female Standard Non-Tobacco Issue Age 75			
	UE <sup>I</sup> calculated at			SC <sub>t</sub>	UE <sup>I</sup> calculated at			SC <sub>t</sub>	UE <sup>I</sup> calculated at			SC <sub>t</sub>
	3.0%	5.0%	5.5%		3.0%	5.0%	5.5%		3.0%	5.0%	5.5%	
Issue	23.06	18.34	17.50	6.38	39.29	33.20	31.96	17.26	60.00	60.00	60.00	46.11
1	22.83	18.23	17.41	6.38	38.52	32.70	31.51	17.26	57.66	57.95	58.01	46.11
2	22.60	18.11	17.31	9.57	37.75	32.20	31.06	25.67	55.33	55.88	56.01	46.11
3	22.36	17.99	17.20	9.57	36.96	31.68	30.59	25.67	53.01	53.81	53.99	46.11
4	22.12	17.86	17.09	9.57	36.17	31.15	30.11	25.67	50.71	51.73	51.96	46.11
5	21.86	17.73	16.98	9.57	35.37	30.61	29.62	25.67	48.43	49.64	49.91	46.11
6	21.61	17.59	16.86	8.37	34.56	30.06	29.11	22.46	46.16	47.54	47.86	40.35
7	21.34	17.45	16.74	7.17	33.74	29.49	28.59	19.25	43.96	45.49	45.84	34.58
8	21.07	17.30	16.60	5.98	32.91	28.91	28.06	16.04	41.84	43.49	43.87	28.82
9	20.79	17.14	16.47	4.78	32.08	28.32	27.52	12.83	39.77	41.53	41.93	23.05
10	20.51	16.98	16.33	3.58	31.23	27.71	26.95	9.62	37.77	39.61	40.04	17.29
11	20.22	16.82	16.18	2.39	30.38	27.09	26.38	6.41	35.84	37.74	38.19	11.52
12	19.92	16.64	16.03	1.19	29.51	26.46	25.79	3.20	33.93	35.88	36.34	5.76
13+	19.62	16.46	15.87	0.00	28.64	25.81	25.18	0.00	32.14	34.12	34.60	0.00

Policy Year (t)	Female Standard Tobacco Issue Age 35				Female Standard Tobacco Issue Age 55				Female Standard Tobacco Issue Age 75			
	UE <sup>I</sup> calculated at			SC <sub>t</sub>	UE <sup>I</sup> calculated at			SC <sub>t</sub>	UE <sup>I</sup> calculated at			SC <sub>t</sub>
	3.0%	5.0%	5.5%		3.0%	5.0%	5.5%		3.0%	5.0%	5.5%	
Issue	26.52	21.46	20.52	6.38	48.17	42.11	40.84	17.26	60.00	60.00	60.00	46.59
1	26.20	21.29	20.37	6.38	47.09	41.35	40.14	17.26	57.65	57.90	57.96	46.59
2	25.87	21.11	20.21	9.57	46.00	40.58	39.43	25.67	55.34	55.82	55.92	46.59
3	25.54	20.92	20.05	9.57	44.91	39.80	38.72	25.67	53.05	53.74	53.89	46.59
4	25.19	20.73	19.88	9.57	43.81	39.01	37.99	25.67	50.80	51.67	51.87	46.59
5	24.84	20.52	19.70	9.57	42.72	38.22	37.25	25.67	48.58	49.61	49.85	46.59
6	24.48	20.31	19.51	8.37	41.62	37.41	36.50	22.46	46.39	47.56	47.83	40.77
7	24.12	20.10	19.32	7.17	40.52	36.59	35.74	19.25	44.31	45.60	45.90	34.94
8	23.74	19.87	19.12	5.98	39.42	35.76	34.96	16.04	42.34	43.74	44.07	29.12
9	23.36	19.63	18.91	4.78	38.32	34.92	34.18	12.83	40.47	41.96	42.31	23.29
10	22.97	19.39	18.69	3.58	37.21	34.07	33.38	9.62	38.69	40.26	40.62	17.47
11	22.57	19.14	18.47	2.39	36.10	33.21	32.57	6.41	37.00	38.63	39.01	11.64
12	22.17	18.88	18.23	1.19	34.99	32.34	31.74	3.20	35.32	36.99	37.39	5.82
13+	21.76	18.62	17.99	0.00	33.87	31.46	30.91	0.00	33.77	35.49	35.89	0.00

**EXHIBIT B**  
**Forms Previously Approved**  
**Arkansas**

Form Number / Description	Approval Date	State Filing No.	To Be Used With
			4003
APPLICATION COMPONENT PAGES			
UN 2550 PI-A - Personal Information	12/18/2007	37641	X
UN 2550 PI-B - Personal Information (contd.)	12/18/2007	37641	X
UN 2550 IA-V ALIC - Investment Advisory Agreement	12/18/2007	37641	X
UN 2550 FI - Financial Information	12/18/2007	37641	X
UN 2550 LQ - Lifestyle Questionnaire	12/18/2007	37641	X
UN 2550 HQ - Health Questionnaire	12/18/2007	37641	X
UN 2550 AG - Agreement	12/18/2007	37641	X
RIDERS			
AADB01 - Accidental Death Benefit Rider	4/6/2007	35469	X
ATIR01 - Term Insurance Rider	4/6/2007	35469	X
ATDB01 - Total Disability Benefit Rider	4/6/2007	35469	X
ACIR01 - Children's Insurance Rider	4/6/2007	35469	X
AIER01 - Insurance Exchange Rider	10/8/2007	36976	X
AABR01 - Accelerated Benefit Rider	4/6/2007	35469	X
AABR01 Disc - Accelerated Benefit Rider Disclosure	4/6/2007	35469	X
End-PUL Ed. 5-07 - Paid-up Insurance Benefit Endorsement	11/13/2006		X



## EXHIBIT A

### Forms Submitted for Approval

Form Number / Description	New / Replaces	To Be Used With
		4003
<b>POLICY</b>		
<b>4003 - Flexible Premium Variable Universal Life Insurance Policy</b>	New	X
<b>APPLICATION COMPONENT PAGES</b>		
<b>UN 2550 AP ALIC-EP - Allocation of Premium Page</b>	New	X
<b>UN 2550 -1 PD-V ALIC - Policy Details Page</b>	Replaces UN 2550 PD-V ALIC	X
These pages will be used with application form UN 2550. This application is our general application for individual product lines. The modular format eliminates costly duplicative forms and enables the same information required for all individual product lines to be either: 1) collected on the same form (such as name, address, etc.); or 2) provided to the client on the same form such as the agreement and the authorization). Product specific information is collected on the product specific components.		
<b>RIDERS</b>		
<b>AACBR01 - Accounting Benefit Rider</b> Provides additional coverage on the insured that produces higher early year cash surrender values than the policy alone.	New	X
<b>AGIR01 - Guaranteed Insurability Rider</b> Allows the policy owner to increase the specified amount on the scheduled dates without submitting evidence of insurability.	New	X
<b>ASIR01 - Scheduled Increase Rider</b> Automatically increases the specified amount each year by the benefit amount specified by the policy owner at issue.	New	X
<b>ASCR01 - Supplemental Coverage Rider</b> Provides additional coverage at a lower total premium than the same coverage provided by the policy alone.	New	X
<b>AWMD01 - Waiver of Monthly Deductions Rider</b> Waives the monthly deductions of the policy and riders if the insured is disabled.	New	X
<b>ENDORSEMENTS</b>		
<b>APE01 - Pension Amendment Endorsement</b> Allows the policy to be issued under situations subject to the Norris Decision.	New	X

Form Number / Description	New / Replaces	To Be Used With
		4003
<b>AAEC02 - Aviation Exclusion Endorsement - Civil</b> Limits death benefit proceeds to the larger of: 1) premiums paid, less partial cash surrenders; or 2) cash value if the insured's death results from riding in or descending from any aircraft as a hobby or sport.	New	X
<b>AAEM02 - Aviation Exclusion Endorsement - Military</b> Limits death benefit proceeds to the larger of: 1) premiums paid, less partial cash surrender; or 2) cash value if the insured's death results from riding in or descending from any aircraft by or for the military.	New	X
<b>ARCE02 - Racing Exclusion Endorsement</b> Limits death benefit proceeds to the larger of: 1) premiums paid, less partial cash surrenders; or 2) cash value if the insured's death results from riding, driving or participating in any type of motor vehicle racing.	New	X

## Statement of Variability 4003

Policy Number, Insured, Issue Age, Gender, Owner, Policy Date, Issue Date, Specified Amount: This information is personalized to the policy purchased and included as John Doe specimen information in the submitted policy.

Minimum Specified Amount: Range is \$0 – \$100,000.

Death Benefit Option, Rate Class, Basis of Values: This information is personalized to the policy purchased and included as John Doe specimen information in the submitted policy.

Fixed Account Minimum Credited Rate: Range is 2.00% – 5.00% annually and 0.16516% – 0.40741% monthly.

Planned Periodic Premium, Planned Premium Frequency, Initial Premium, Monthly Minimum No-Lapse Premium: This information is personalized to the policy purchased and included as John Doe specimen information in the submitted policy.

Minimum No-Lapse Period: Range is 3 – 15 years.

Maximum Monthly Cost of Insurance Rate: The charges shown on the schedule are personalized to the policy purchased. Rates vary by attained age, gender, and rate class.

Corridor Factor: This information is personalized to the policy purchased and included as John Doe specimen information in the submitted policy. Factors vary by attained age, gender, and rate class.

Premium Charge: Range is 2.00% – 12.00%.

Risk Charge: Range is 0.00% – 1.25% annually and 0.00% – 0.0034153% monthly.

Monthly Administrative Charge: Range is \$2.00 – \$15.00

Monthly Specified Amount Charge: The charges shown on the schedule are personalized to the policy purchased and based on rates that vary by issue age, gender, rate class, duration and specified amount. The range is 75% to 125% of these rates.

Surrender Charge: The charges shown on the schedule are personalized to the policy purchased. The range is 0 to the maximum allowable surrender charge under the submission state Standard Nonforfeiture Law.

Minimum increase in specified amount: Range is \$0 – \$50,000.

Minimum decrease in specified amount: Range is \$0 – \$10,000.

Minimum partial withdrawal amount: Range is \$0 – \$1,000.

Maximum partial withdrawal fee: Range is \$0 – \$50.

Minimum subaccount transfer amount: Range is \$0 – \$500.

Minimum subaccount balance: Range is \$0 – \$250.

Maximum attained age for an increase or reinstatement: Range is 70 – 90.

Maximum loan interest rate: Range is 4.00% – 7.00%

Maximum preferred loan interest rate: Range is 2.50% – 5.50%

Minimum credited interest rate on loaned portion of the account value: Range is 2.00% – 5.00%.

### **Component Application Pages**

**Supplementary Benefits:** The supplementary benefits shown are currently available for all newly issued contracts. They may be discontinued at a future date for newly issued contracts. Other options may be made available in the future upon approval by the state insurance department and will appear in this space on the application, upon approval of the rider.

**Individual Investment Options:** The investment options shown are the currently available options for all newly issued contracts. They may be discontinued, renamed, or added to at a future date.

We are also requesting areas within all forms, which we consider to be non-material, be allowed as variable text. These include the names of officers, specific references to an address, telephone or fax number.

<i>SERFF Tracking Number:</i>	<i>AMFA-125642094</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Ameritas Life Insurance Corp.</i>	<i>State Tracking Number:</i>	<i>38932</i>
<i>Company Tracking Number:</i>	<i>4003</i>		
<i>TOI:</i>	<i>L06I Individual Life - Variable</i>	<i>Sub-TOI:</i>	<i>L06I.002 Single Life - Flexible Premium</i>
<i>Product Name:</i>	<i>4003</i>		
<i>Project Name/Number:</i>	<i>4003/4003</i>		

## Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Supporting Document	Certification/Notice	05/09/2008	AR-reg 19 certification.pdf AR-reg 34 certification.pdf
No original date	Supporting Document	Exhibits for Forms	05/09/2008	EXHIBIT B-AR 4003.pdf EXHIBIT A-AL 4003.pdf
No original date	Supporting Document	Exhibits for Forms	05/09/2008	EXHIBIT A.pdf EXHIBIT B-AR 4003.pdf

# STATE OF ARKANSAS

## REGULATION 19

INSURER: **Ameritas Life Insurance Corp.**

This is to certify that the attached form(s) are in compliance with Rule and Regulation 19:

**Form Number:**

**Form Name:**

<b><u>4003</u></b>	<b><u>Flexible Premium Variable Universal Life Policy</u></b>
<b><u>UN 2550 AP ALIC-EP</u></b>	<b><u>Allocation of Premium Page</u></b>
<b><u>UN 2550-1 PD-V ALIC</u></b>	<b><u>Policy Details Page</u></b>
<b><u>AACBR01</u></b>	<b><u>Accounting Benefit Rider</u></b>
<b><u>AGIR01</u></b>	<b><u>Guaranteed Insurability Rider</u></b>
<b><u>ASIR01</u></b>	<b><u>Scheduled Increase Rider</u></b>
<b><u>ASCR01</u></b>	<b><u>Supplemental Coverage Rider</u></b>
<b><u>AWMD01</u></b>	<b><u>Waiver of Monthly Deductions Rider</u></b>
<b><u>APE01</u></b>	<b><u>Pension Amendment Endorsement</u></b>
<b><u>AAEC02</u></b>	<b><u>Aviation Exclusion Endorsement – Civil</u></b>
<b><u>AAEM02</u></b>	<b><u>Aviation Exclusion Endorsement – Military</u></b>
<b><u>ARCE02</u></b>	<b><u>Racing Exclusion Endorsement</u></b>

SIGNATURE: \_\_\_\_\_

TYPED NAME: Robert G. Lange  
TITLE: Vice President, General Counsel and Assistant Secretary

DATE: May 9, 2008

**STATE OF ARKANSAS**

**CERTIFICATION**

COMPANY: **Ameritas Life Insurance Corp.**

The following forms are submitted for review:

**4003**

**UN 2550 AP ALIC-EP**

**UN 2550-1 PD-V ALIC**

**AACBR01**

**AGIR01**

**ASIR01**

**ASCR01**

**AWMD01**

**APE01**

**AAEC02**

**AAEM02**

**ARCE02**

As an officer of the above company, I hereby certify that the solicitation and design of the above form(s) is in compliance with the Arkansas Guidelines for Non-Guaranteed Costs on Participating and Non-Participating Life Insurance. These guidelines are stated in Bulletin 11-83 issued by the Commissioner of Insurance of the Arkansas Department of Insurance on September 2, 1983.

SIGNATURE: \_\_\_\_\_

TYPED NAME: Robert G. Lange  
TITLE: Vice President, General Counsel and Assistant Secretary

DATE: May 9, 2008

**EXHIBIT B**  
**Forms Previously Approved**  
**Arkansas**

Form Number / Description	Approval Date	State Filing No.	To Be Used With
			4003
APPLICATION COMPONENT PAGES			
UN 2550 PI-A - Personal Information	12/18/2007	37641	X
UN 2550 PI-B - Personal Information (contd.)	12/18/2007	37641	X
UN 2550 IA-V ALIC - Investment Advisory Agreement	12/18/2007	37641	X
UN 2550 FI - Financial Information	12/18/2007	37641	X
UN 2550 LQ - Lifestyle Questionnaire	12/18/2007	37641	X
UN 2550 HQ - Health Questionnaire	12/18/2007	37641	X
UN 2550 AG - Agreement	12/18/2007	37641	X
RIDERS			
AADB01 - Accidental Death Benefit Rider	4/6/2007	35469	X
ATIR01 - Term Insurance Rider	4/6/2007	35469	X
ATDB01 - Total Disability Benefit Rider	4/6/2007	35469	X
ACIR01 - Children's Insurance Rider	4/6/2007	35469	X
AIER01 - Insurance Exchange Rider	10/8/2007	36976	X
AABR01 - Accelerated Benefit Rider	4/6/2007	35469	X
AABR01 Disc - Accelerated Benefit Rider Disclosure	4/6/2007	35469	X
End-PUL Ed. 5-07 - Paid-up Insurance Benefit Endorsement	11/13/2006		X



**EXHIBIT A**  
**Forms Submitted for Approval**  
**Alabama**

Form Number / Description	New / Replaces	To Be Used With
		4003
<b>POLICY</b>		
<b>4003 - Flexible Premium Variable Universal Life Insurance Policy</b>	New	X
<b>APPLICATION COMPONENT PAGES</b>		
<b>UN 2550 AP ALIC-EP - Allocation of Premium Page</b>	New	X
<b>UN 2550 -1 PD-V ALIC - Policy Details Page</b>	Replaces UN 2550 PD-V ALIC	X
These pages will be used with application form UN 2550. This application is our general application for individual product lines. The modular format eliminates costly duplicative forms and enables the same information required for all individual product lines to be either: 1) collected on the same form (such as name, address, etc.); or 2) provided to the client on the same form such as the agreement and the authorization). Product specific information is collected on the product specific components.		
<b>RIDERS</b>		
<b>AACBR01 - Accounting Benefit Rider</b> Provides additional coverage on the insured that produces higher early year cash surrender values than the policy alone.	New	X
<b>AGIR01 - Guaranteed Insurability Rider</b> Allows the policy owner to increase the specified amount on the scheduled dates without submitting evidence of insurability.	New	X
<b>ASIR01 - Scheduled Increase Rider</b> Automatically increases the specified amount each year by the benefit amount specified by the policy owner at issue.	New	X
<b>ASCR01 - Supplemental Coverage Rider</b> Provides additional coverage at a lower total premium than the same coverage provided by the policy alone.	New	X
<b>AWMD01 - Waiver of Monthly Deductions Rider</b> Waives the monthly deductions of the policy and riders if the insured is disabled.	New	X
<b>ENDORSEMENTS</b>		
<b>APE01 - Pension Amendment Endorsement</b> Allows the policy to be issued under situations subject to the Norris Decision.	New	X

Form Number / Description	New / Replaces	To Be Used With
		4003
<b>AAEC02 - Aviation Exclusion Endorsement - Civil</b> Limits death benefit proceeds to the larger of: 1) premiums paid, less partial cash surrenders; or 2) cash value if the insured's death results from riding in or descending from any aircraft as a hobby or sport.	New	X
<b>AAEM02 - Aviation Exclusion Endorsement - Military</b> Limits death benefit proceeds to the larger of: 1) premiums paid, less partial cash surrender; or 2) cash value if the insured's death results from riding in or descending from any aircraft by or for the military.	New	X
<b>ARCE02 - Racing Exclusion Endorsement</b> Limits death benefit proceeds to the larger of: 1) premiums paid, less partial cash surrenders; or 2) cash value if the insured's death results from riding, driving or participating in any type of motor vehicle racing.	New	X

**EXHIBIT A**  
**Forms Submitted for Approval**

Form Number / Description	New / Replaces	To Be Used With	
		4003	4051
<b>POLICY</b>			
<b>4003 - Flexible Premium Variable Universal Life Insurance Policy</b>	New	X	
<b>4051 - Flexible Premium Variable Universal Life Insurance Policy</b>	New		X
<b>APPLICATION COMPONENT PAGES</b>			
<b>UN 2550 AP ALIC-EP - Allocation of Premium Page</b>	New	X	
<b>UN 2550 -1 PD-V ALIC - Policy Details Page</b>	Replaces UN 2550 PD-V ALIC	X	
These pages will be used with application form UN 2550. This application is our general application for individual product lines. The modular format eliminates costly duplicative forms and enables the same information required for all individual product lines to be either: 1) collected on the same form (such as name, address, etc.); or 2) provided to the client on the same form such as the agreement and the authorization). Product specific information is collected on the product specific components.			
<b>AS 2550 IA-AP ALIC - Investment Advisory Agreement and Allocation of Premium Page</b>	New		X
<b>AS 2550 PD-V ALIC - Policy Details Page</b>	New		X
These pages will be used with application form AS 2550. This application is our general application for individual product lines. The modular format eliminates costly duplicative forms and enables the same information required for all individual product lines to be either: 1) collected on the same form (such as name, address, etc.); or 2) provided to the client on the same form (such as the agreement and the authorization). Product specific information is collected on the product specific components.			
<b>RIDERS</b>			
<b>AACBR01 - Accounting Benefit Rider</b> Provides additional coverage on the insured that produces higher early year cash surrender values than the policy alone.	New	X	
<b>AGIR01 - Guaranteed Insurability Rider</b> Allows the policy owner to increase the specified amount on the scheduled dates without submitting evidence of insurability.	New	X	
<b>ASIR01 - Scheduled Increase Rider</b> Automatically increases the specified amount each year by the benefit amount specified by the policy owner at issue.	New	X	

Form Number / Description	New / Replaces	To Be Used With	
		4003	4051
<b>ASCR01 - Supplemental Coverage Rider</b> Provides additional coverage at a lower total premium than the same coverage provided by the policy alone.	New	X	
<b>AWMD01 - Waiver of Monthly Deductions Rider</b> Waives the monthly deductions of the policy and riders if the insured is disabled.	New	X	X
<b>ENDORSEMENTS</b>			
<b>APE01 - Pension Amendment Endorsement</b> Allows the policy to be issued under situations subject to the Norris Decision.	New	X	X
<b>AAEC02 - Aviation Exclusion Endorsement - Civil</b> Limits death benefit proceeds to the larger of: 1) premiums paid, less partial cash surrenders; or 2) cash value if the insured's death results from riding in or descending from any aircraft as a hobby or sport.	New	X	X
<b>AAEM02 - Aviation Exclusion Endorsement - Military</b> Limits death benefit proceeds to the larger of: 1) premiums paid, less partial cash surrender; or 2) cash value if the insured's death results from riding in or descending from any aircraft by or for the military.	New	X	X
<b>ARCE02 - Racing Exclusion Endorsement</b> Limits death benefit proceeds to the larger of: 1) premiums paid, less partial cash surrenders; or 2) cash value if the insured's death results from riding, driving or participating in any type of motor vehicle racing.	New	X	X

**EXHIBIT B**  
**Forms Previously Approved**  
**Arkansas**

Form Number / Description	Approval Date	State Filing No.	To Be Used With
			4003
APPLICATION COMPONENT PAGES			
UN 2550 PI-A - Personal Information	12/18/2007	37641	X
UN 2550 PI-B - Personal Information (contd.)	12/18/2007	37641	X
UN 2550 IA-V ALIC - Investment Advisory Agreement	12/18/2007	37641	X
UN 2550 FI - Financial Information	12/18/2007	37641	X
UN 2550 LQ - Lifestyle Questionnaire	12/18/2007	37641	X
UN 2550 HQ - Health Questionnaire	12/18/2007	37641	X
UN 2550 AG - Agreement	12/18/2007	37641	X
RIDERS			
AADB01 - Accidental Death Benefit Rider	4/6/2007	35469	X
ATIR01 - Term Insurance Rider	4/6/2007	35469	X
ATDB01 - Total Disability Benefit Rider	4/6/2007	35469	X
ACIR01 - Children's Insurance Rider	4/6/2007	35469	X
AIER01 - Insurance Exchange Rider	10/8/2007	36976	X
AABR01 - Accelerated Benefit Rider	4/6/2007	35469	X
AABR01 Disc - Accelerated Benefit Rider Disclosure	4/6/2007	35469	X
End-PUL Ed. 5-07 - Paid-up Insurance Benefit Endorsement	11/13/2006		X